



No. ....

BOSTON  
MEDICAL LIBRARY  
ASSOCIATION,  
19 BOYLSTON PLACE.



















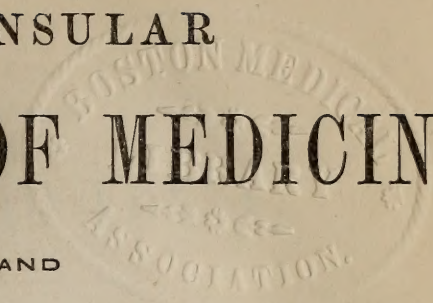
THE  
PENINSULAR  
JOURNAL OF MEDICINE

AND

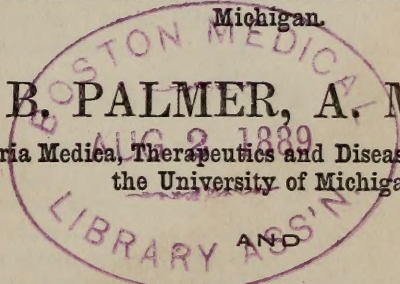
THE COLLATERAL SCIENCES,

EDITED BY

ZINA PITCHER, M. D.,

  
Emeritus Professor of Obstetrics and Institutes of Medicine in the University of  
Michigan.

A. B. PALMER, A. M., M. D.,

  
Professor of Materia Medica, Therapeutics and Diseases of Women and Children in  
the University of Michigan.

AND  
WILLIAM BRODIE, M. D.,

EDMUND P. CHRISTIAN, A. M., M. D.,

ASSISTANT EDITORS.

~~~~~  
VOL. V., 1858.  
~~~~~

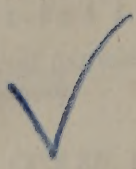
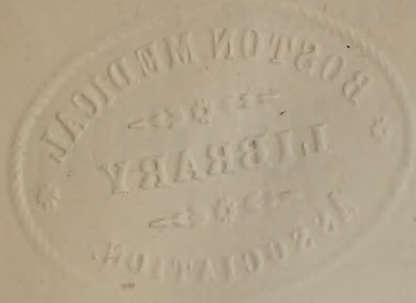
PUBLISHED BY DOUGHTY, STRAW & CO.

PRINTED BY WILBUR F. STOREY, FREE PRESS OFFICE,

No. 50 GRISWOLD STREET,

DETROIT:







# INDEX TO VOL. V.

## A.

	PAGE
Abortion Case, with Remarks, .....	215
Abortion, Criminal, .....	91
A Parting Salutation, .....	481
Address on the Life and Character of R. M. Porter, M. D., &c., .....	39
Address before the Medical Society of Vermont, .....	274
Albuminuria, .....	146
American Medical Association, Meeting of, .....	445
Ammonium, Iodide of, .....	280
Ammonia and its Preparations, .....	35
Amputation of Leg by Linear Ecrasement, .....	387
Amylene as an Anæsthetic, .....	51
Antiphlogistic Salt, .....	54
Anæsthesia, on the Decomposition of Ether and Formation of Carbonic Acid Gas in, .....	311
Andrews on the Physiology of the Three Registers of the Human Voice, ..	132
Antimonii et Potassæ Tartarizatum in Hyperæmic Hysteria, .....	199
An old Assistant Surgeon, .....	333
Arsenic, is it a Tonic, .....	80
Autopsy of Elias Hunt, with Remarks, .....	473
Arsenical Solution, Inflammation and Ulceration of Sound Skin produced by, .....	385
Annual Address to the Michigan State Medical Society for 1858, .....	449

## B.

Bat, Circulation of Alar Membrane of, .....	206
Bismuth, Subcarbonate of, Preparation and Therapeutical Employment, ..	263
Bismuth, Subcarbonate of, .....	280
Bones and Joints, Reproduction of, .....	372
Burns, Skey's Method of Treating Cicatrices of, .....	333

## C.

California State Medical Journal, .....	271
Calomel, to Discover Bi-Chloride of Mercury in, .....	332
Cancer Cures and Cancer Curers, .....	257
Cancer Curers, .....	388
Cancer, Duration of, .....	386
Cases of Gestation and Parturition complicated with Uterine Disease, ...	233
Catamenial Gonorrhœa and Syphilis, .....	316
Cathartics, Case resisting Action of, .....	349
Change of Type in Inflammatory Diseases, .....	346
Chicago Correspondence, .....	22, 90, 156, 208, 253, 312, 360, 430, 478
Chloroform, Straightening Contracted Limbs under, .....	53
Chloroform, .....	392
Chloroform, Use of, in Retention of Urine, .....	269



	PAGE
Caries, Exsection for,.....	495
Cholera,.....	390
Chloroform in Convulsions,.....	498
Chloroform, Death from,.....	500
Chorea, Treatment of,.....	385
Churchill Fleetwood, M. D., on the Diseases of Women, &c.,.....	104
Cincinnati Lancet and Observer,.....	443, 494
Clinical Course,.....	224
Clinical Instruction in Great Britain,.....	378
Clinical Instruction, Report of Dr. Z. Pitcher to the Board of Regents of the University,.....	393
Clinical Instruction upon a Correct Basis,.....	486
Collodion Material for Artificial Tympanum,.....	386
Commencement of Vol. V.,.....	36
Compound Dislocation of Long Bones with reference to Value of Resection,.....	274
Constipation, Prevention of,.....	165
Convulsions, Chloroform in,.....	498
Consumption, Rules for Management of,.....	52
Counterblast for Puffing,.....	497
Corns, Glycerine in,.....	389
Cowardly and False,.....	326
Correction, Dr. Brainard's,.....	487
Criminal Abortions,.....	97
Cunningham, Mrs., and Dr. Uhl,.....	335

## D.

Dentifrice,.....	444
Detroit, Health of,.....	442
Detroit Medical Society, Dissolution of,.....	495
Dilute Acetic Acid in Scarlatina,.....	168
Disease, the Insidious Approach of,.....	52
Diseases of the Skin, by Erasmus Wilson,.....	272
Discoverers, Tribulations of,.....	499
Dislocation of Femur on Dorsum Ilii,.....	332
Dr. Brainard's Correction,.....	483
Dunglison, Robley, General Therapeutics and Materia Medica by,.....	330
Dysentery,.....	50
Dysentery and its Treatment, by Dr. H. Tiedeman,.....	105
Dyspepsia, Lactic Acid in,.....	53, 159

## E.

Editorial Notices,.....	37, 38, 160, 162, 223, 324, 328, 481, 495
Editorial Correspondence,.....	480
Eczema, Impetigo, &c., Prescription for,.....	335
Eczema, Chronic, Glycerine and Wood Soot in,.....	112
Electricity, Involuntary Production of Lacteal Secretion by,.....	243
Electro-Puncture in Extra-Uterine Pregnancy,.....	53
Elements of Pathological Anatomy, by S. D. Gross,.....	162
Employment of Yellow Jessamine in Gonorrhœa,.....	96
Eve, Paul F., Remarkable Cases in Surgery, by,.....	329
Editorial Change,.....	501
Evidences of a General System of Medical Practice taught in the Scriptures,.....	1, 57, 113, 169
Excito-Secretory System of Nerves,.....	319
Exsection for Caries,.....	495

## F.

Facts for the Physiologist and Psychologist,.....	498
Fell, Dr.,.....	448



	PAGE
Fecundity, Extraordinary, .....	501
Femur, Dislocation of, .....	332
Fever, Indian Hemp in, .....	388
Fiske Fund Prize Essays, .....	271
Fluorine in the Blood, .....	112
Fracture of the Acromion Process, .....	254
Forceps for Removing Superior Maxilla, .....	446

## G.

Gelseminum, Tincture of, as a Sedative, .....	51
General Therapeutics and Materia Medica, by Robley Dunglison, .....	330
Gliddon, Geo. R., .....	385
Glycerine as a Solvent, .....	54
Glycerine and Wood Soot in Chronic Eczema, .....	112
Glycerine in Corns, .....	389
Glycogenesis, Influence of Medicines on, .....	310
Gonorrhœa, Employment of Yellow Jessamine in, .....	96
Gross, S. D., Elements of Pathological Anatomy, by, .....	162

## H.

Habitual Constipation, .....	308
Hall, Marshall, Death of, .....	275
Handsome Bequest, .....	289
Hand-Book of Practical Receipts, .....	444
Hauner's Therapeutical Observations, .....	164
Hemorrhoids, .....	261
Hernia. Wutzer's Operation for Practical Relief of, .....	112
Herniotomy in an Infant seven weeks old, .....	96
Hippocrates, Tomb of, .....	392
Histology of the Nervous Centers, .....	354
Hydrocotyle Asiatica, .....	447
Hysteria. Use of Antimonii et Potassæ Tartarizatum in, .....	199
Hysterical Affections, the age in which they are most likely to be developed, .....	264
Homœopathy, Position of, in Europe and European Schools, .....	290
Homœopathy in Hull, England, .....	375, 448
Hog Latin vs. Pumpkin Vine Literature, .....	489

## I.

Indian Hemp in Fever, .....	388
Indurated Testicles, Scott's Ointment in, .....	336
Influence of Occupation on Mortality, .....	255
Introductory Lecture to Clinical Course, .....	27
Intermitting Fever, Treated by Salt and Vinegar, .....	55
Invalids, Dish for, .....	448
Involuntary Production of Lacteal Secretion by Electricity, .....	243
Is Arsenic a Tonic, .....	80
Itch, Treatment of, by Soft Soap and Salt, .....	51
Itch, Oil of Turpentine as a Cure for, .....	110
Iodide of Ammonium, .....	280

## J.

Jenner, Best Monument to, .....	334
Jews, Sanitary Customs of, .....	446

## K.

Kirkes, Wm. Senhouse, Manual of Physiology by, .....	163
--	-----

## L.

	PAGE
Lactic Acid in Dyspepsia,.....	53, 159
Lactic Acid in Vegetables, .....	112
Lactaeal Secretion Produced by Electricity,.....	243
Lee, Edwin, Fiske Fund Prize Essay by, .....	271
Linear Ecrasement, Amputation of Leg by, .....	387
Liquor Ferri Nitratis,.....	108
Ludlow, C. L., Manual of Examinations upon Anatomy by, .....	103

## M.

Magazine of Travel,.....	273
Manual of Physiology, by Wm. Senhouse Kirkes,.....	163
Manual of Examinations upon Anatomy, by C. S. Ludlow,.....	166
Marshall Hall's Instructions,.....	47
McClintock, Dr. Jas.,.....	100
Measle of the Pig,.....	209
Medical Education, .....	222
Medical Department, Removal of,.....	380
Medical Independent, Senior Editor of, .....	440
Medical Students in London, England, .....	429
Medicine, Institutes of,.....	503
Meeting of a Quarantine Convention at Philadelphia,.....	41
Meeting of the Medical Society of South-Western New York,.....	389
Mercury, Muco-Enteritis an Effect of,.....	48
Miasmatic and Contagious Diseases, the Distinctions between, .....	49
Miasmatic Diseases nineteen years ago, .....	74
Michigan State Medical Society, Meeting of,.....	327
Michigan State Medical Society, Proceedings of Sixth Annual Meeting of, .....	433
Miller, Jas., Practice of Surgery by,.....	273
Miscellaneous Extracts, .....	166
Modern Therapeutics,.....	313
Mortality, Influence of Occupation on, .....	255
Mortality after Operations in Paris,.....	333
Muco-Enteritis, an effect of Mercury,.....	48

## N.

Necrology, .....	111
North-East District Med. Association, Proceedings of,.....	48
Neuralgias, Facial and Dental, Method of Promptly Relieving,.....	262, 387
Newspaper Advertisements, .....	269
New Medical Journal, .....	388

## O.

Obituary,.....	504
Objections to Union of the Schools,.....	362
Observations on the Circulation of the Alar Membrane of the Bat,....	206
Occupation, Influence of, on Mortality,.....	255
Oil of Turpentine as a Cure for Itch,.....	110
Operations, Mortality after, in Paris,.....	333
Orchitis,.....	94

## P.

Paracentesis Thoracis, .....	109
Perenni-Branchiate Amphibians, New Genus of,.....	428
Pharmaceutists and Druggists, Sixth Annual Meeting of,.....	109
Pacific Medical Journal, .....	493
Phimosis, Simplest Operation for,.....	386



	PAGE
Peninsular Journal, Close of,.....	483
Phthisis, Sputa of,.....	392
Physician's Visiting List for 1858,.....	331
Physiological Journal,.....	445
Pitcher, Dr. Z., an Hon. Fellow of Rhode Island Med. Society,.....	56
Porter, R. M., an Address on the Character of,.....	39
Practice of Surgery by Jas. Miller,.....	273
Precocious Children—Over Study,.....	265
Preparation of Liquor Ferri Nitratis,.....	108
Preparation of Pure Grape Sugar,.....	108
Principles of Medicine by C. J. B. Williams,.....	163
Prize Essays,.....	447
Proceedings of North-East Dist. Med. Association,.....	45, 503
Proceedings of Mich. State Medical Society, Sixth Annual Meeting of,...	433
Professor Syme,.....	499
Professorial Changes,.....	100
Professorial Veracity,.....	491
Progressive Development of Physiological Ideas,.....	281
Puerperal Fever,.....	55
Puerperal Fever, its Causes and Mode of Propagation,.....	274

## Q.

Quarantine Convention, Meeting of, at Philadelphia,.....	41
Quinine, Vegetable Astringents Substitutes for,.....	279
Quinine, Curative Effect of, in Tuberculosis,.....	192

## R.

Radcliffe, Dr., Anecdote of,.....	391
Reflections upon the Philosophy of Therapeutical Science,.....	239
Remarkable Cases in Surgery, by Paul F. Eve,.....	329
Reminiscences of a Country Doctor,.....	74, 140
Removal of Medical Department,.....	380
Report of Clinical Lectures at St. Mary's Hospital,.....	83, 146, 225, 337, 403
Report of Forms of Disease at Detroit, from April 1, '56, to March 31, 1857,...	244
Report of Meteorological Observations at Detroit for 1856,.....	251
Report of Case resisting Action of Cathartics,.....	349
Reproduction of Bones and Joints,.....	372
Reflex Secretory Action,.....	490
Reverie of a Country Physician,.....	358
Rhode Island Registration Report for 1856,.....	273
Ricord, Anecdote of,.....	334
Rules for Management of Consumptives,.....	52
Rural Impurities,.....	280

## S.

Salt in Intermitting Fever,.....	56
Santonin as an Anthelmintic,.....	110
Scalds and Burns, Treatment of,.....	56
Scarlatina, Dilute Acetic Acid in,.....	168
Scott's Ointment in Indurated Testicles,.....	336
Scripture Evidences of a General System of Med. Practice,.....	1, 57, 113, 169
Simpson's Dr., Morphia Suppositories,.....	111
Skey's method of treating Cicatrices of Burns,.....	333
Small Pox Epidemic of Ponapi,.....	415
Southern Journal of Medicine and Physical Science,.....	494
South Carolina Medical Association,.....	495
Spinal Cord, Experimental Researches on,.....	309
State Medical Society,.....	382, 392

	PAGE
St. Mary's Hospital, Origin and Present Condition of, .....	292
Straightening Contracted Limbs under Chloroform, .....	53
Sub-Carbonate of Bismuth, .....	280
Surgery in San Francisco, .....	500
Sydenham Society, .....	390, 391
Synchysis Oculi, .....	475

## T.

Therapeutical Science, Reflections upon Philosophy of, .....	239
Tincture of Gelseminum as a Sedative, .....	51
Tongue, Excision of, .....	499
Tinctura Rosæ, .....	112
Transactions of American Med. Association for 1857, .....	331
Transactions of Illinois State Medical Society, .....	493
Treatment of Itch by Soft Soap and Salt, .....	51
The Duke and Jester, .....	502
Tuberculosis, Report of Clinical Lectures on, .....	225, 336, 403
Tuberculosis, Curative Effects of Quinine in, .....	192
Twelve Month's Incubation of a Vaccine Pustule, .....	167

## U.

Ulcers of the Leg, .....	389
Ulceration of the Womb, Scirrhus, .....	389
Union of the Schools, Objections to, .....	362
University of Michigan, Course of Applied Chemistry, .....	102
Uterine Disease, Gestation and Parturition in, .....	233

## V.

Vaccine Pustule, Twelve Month's Incubation of, .....	167
Vaccine Matter in Paris, .....	503
Vagina, Improvement in Plugging, .....	268
Valerianate of Ammonia, .....	335
Valerianate of Ammonia, its Preparations, .....	25
Valvular Disease of the Heart, Influence of, on Tuberculosis, .....	101
Varieties, .....	336
Vegetable Astringents Substitutes for Quinine, .....	279
Venerial and Marasmic Diseases of Ponapi, .....	415
Veratria in Veratrum Viride, .....	50
Vienese, Morals of, .....	335
Virginia Medical Journal, .....	279
Vitreous Humor, Dissolution of, .....	475

## W.

Warren, Edward, Fiske Fund Prize Essay by, .....	271
Washington, Hotel Endemic at, .....	31
Western Location, .....	74
What are Internal Hemorrhoids, .....	261
Wilson, Erasmus, on Diseases of the Skin, .....	272
Williams, C. J. B., Principles of Medicine by, .....	163
Womb, Scirrhus Ulceration of, .....	389
Women, Diseases of, .....	104
Wutzer's Operation for Radical Reduction of Hernia, .....	112

## Y.

Yellow Jessamin in Gonorrhœa, .....	96
-------------------------------------	----





1463

# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

---

VOL. V.

JULY, 1857.

NO. I.

---

---

ORIGINAL COMMUNICATIONS.

---

ARTICLE I.

*Evidences of a General System of Medical Practice being Taught by Scripture, and a Comparison of this System with Rational Medicine and Exclusive Homœopathy.*

BY N. D. STEBBINS, M. D., DETROIT, MICH.

GOD IDENTIFIED IN THE CAUSE AND CURE OF DISEASE.

Theology, law and medicine have been by common consent termed the learned professions. Their comparative merits it is not the object of this article to discuss, but to refer to the mere fact that the first has for its text book the Bible among all the so-called orthodox divines. The second has for its foundation, according to Blackstone, the same source for instruction in law, for all good and equitable governments. The latter, or medicine, equally important to the interests of society, (excepting the influence of theology on the soul in the eternal world) has been isolated from the Bible and cast off, as having no help from that divine source of all truth. It is not uncommon to hear ministers, (except the Swedenborgian) laymen and Homœopathic physicians say that the Bible is silent on the subject of the theory and practice of medicine.

One of the objects of this article is to enquire if this statement is strictly true, and for this purpose let us first enquire: Does God

identify himself in the cause and cure of disease as it exists in the human race?

The Bible is very explicit on this subject. By referring to Deut. 32, 39, God says: "See now that I, even I am he, and there is no God with me, I kill and make alive, I wound and I heal; neither is there any that can deliver out of my hand." Then again Sam. 2, 6: "The Lord killeth and maketh alive, he bringeth down to the grave and bringeth up," and in Ps. 103, 3: "Who healeth all thy diseases."

This identification on the part of God is seen in the precepts and examples found in the word of God—by way of supplication to Him as a sovereign, in behalf of the sick.

In the epistle of James 5, 14, we find the following instructions: "Is any sick among you, let him call for the elders of the church; and let them pray over him anointing him with oil in the name of the Lord." "And the prayer of faith shall save the sick and the Lord shall raise him up."

Then again for an example we have the case of Hezekiah related in 2 Kings 20, 1. The narrative reads thus: "In those days was Hezekiah sick unto death, and the prophet Isaiah, the son of Amos, came to him and said unto him: Thus saith the Lord, set thine house in order, for thou shalt die and not live." V. 23: Then he turned his face to the wall, and prayed unto the Lord, saying, I beseech thee, O Lord! remember now how I have walked before thee in truth and a perfect heart, and have done that which is good in thy sight, and Hezekiah wept sore." V. 4 and 5: "And it came to pass afore Isaiah was gone out into the middle court that the word of the Lord came to him saying, *Turn again and tell Hezekiah, the captain of my people, Thus said the Lord, the God of David, thy father, I have heard thy prayer, I have seen thy tears; behold I will heal thee; on the third day thou shalt go up unto the house of the Lord.*"

For further proof on this point, we will give another example where God as a sovereign in the cure of disease was not honored as such. The history of the case is found in 2 Chron. 16, 12: "And Asa in the thirty and ninth year of his reign was diseased in his feet, until his disease was exceeding great; *yet in his disease he sought not to the Lord, but to the physicians.*" V. 13, "And Asa slept with his fathers and died in the one and fortieth year of his age." "In the midst of his days." Ps. 102, 24.

We observe the Psalmist in his supplications to God, bringing arguments for the restoration of the sick, and consequently directed by



inspiration of the Holy Spirit, which gives us another form of proof on this point, as follows Ps. 79, 11: "Let the sighing of the prisoner come before thee, according to the greatness of thy power, preserve *thou those* that are *appointed to die*." (Comp. with 2 Kings 20, 1—6.) Ps. 88, 10: "Wilt thou show wonders to the dead? Shall the dead arise and praise thee? Selah." V. 11: "Shall thy loving kindness be declared in the grave? or thy faithfulness in destruction? V. 12: "Shall thy wonders be known in the dark and thy righteousness in the land of forgetfulness?" Ps. 102, 24: "I said, O my God, take me not away in the midst of my days; thy years are throughout all generations." (Comp. with 2 Chron. 16, 12, 13.) Ps. 119, 75: "Let my soul live and it shall praise thee; and let thy judgments help me."

The affirmative of this question is fully substantiated, we believe, by the passages already quoted. A question arises in view of what has now been proved in relation to the interest God assumes in the cause and cure of disease. Does he intend to have his creatures simply to believe these scriptures as great truths, founded in Divine sovereignty, and leave the whole subject there, in what theologians call an antinomian state? or in other words, have we nothing more to do than leave the whole work in the hands, and at the disposition of God's good pleasure? Such being the case, as Bible christians, it would be wrong to attempt any interference on our part, by the use of means for the cure of disease, unless God should direct otherwise. We believe that, by further examination of the scriptures, we shall see that God has enjoined on us a duty to use means for the recovery of the sick.

#### IS GOD INDIFFERENT?

Another question in connection with the preceding statement arises in the mind, if it is God's will that means should be employed for the sick, is he *indifferent* in relation to *what means are employed, and what system is pursued*? It can hardly be supposed that any sane orthodox man would argue the affirmative of this question, and especially in view of the directions given to Timothy. (1 Tim. 5, 23) Where *water* is forbidden (alone) and wine prescribed. The passage reads: "*Drink no longer water, but use a little wine for thy stomach's sake, and thine often infirmities*." (NOTE. Dr. Barnes says in his notes on this verse: "It was not for the pleasure to be derived from the use of wine, or because it would produce hilarity, or excitement, but solely because it was regarded as necessary for the promotion of health: that is as a medicine.") It is evident from

this passage that Timothy usually drank water *only*, or that in modern language he was a "tee-totaller. He was evidently not in the habit of drinking wine, or he could not have been exhorted to do it, &c." For further proof we would invite attention to the case of Hezekiah's sickness before noticed. Although he had received the promise of a recovery by the inspired prophet, still it was necessary that a remedy should be employed with specific directions as will be seen by examining the history of the case as found in Isaiah 38, 21 as follows: "For Isaiah had said, let them take a lump of figs and lay it for a plaster upon the boil, and he shall recover." (NOTE. Dr. Barnes in his Com. on this verse quotes from Jerome to wit: "Jerome says, that the plaster of figs was medicinal, and adapted to reduce the inflammation and restore health." There is no improbability in the supposition; nor does anything in the narrative prohibit us from supposing that natural means might have been used to restore him. The miracle consisted in the arrest of the shade on the sun dial, and in the announcement of Isaiah that he would recover." Having shown that means were directed by inspiration for the healing of the sick and that God cannot be indifferent in their use, we pursue the inquiry still further in search of a revealed system of the practice of medicine, as the Bible in most, if not in all its teachings presents before the mind general and fundamental principles. No science as such is fully taught in a direct and continuous method. We shall be obliged to look through, and select from the inspired volume such principles and directions as may be found, taking them as *great landmarks*, by which we may learn God's will in relation to the system now under examination.

Whoever will examine critically the 12th, 13th and 14th chapters of Leviticus, will find a number of these fundamental principles brought to light, in the directions given to the priests, for the management of females in certain cases, also in cases of cutaneous diseases. The principles to which we refer are *Physiology*, *Pathology*, *Symptomatology* and *Hygiene*, and we add a *principle* in the nature of our constitution, to which we owe all our success in the cure of disease called "*The recuperative power*" or "*vital power*." We will quote for this purpose from the Jewish code the rules for discriminating the leprosy from other cutaneous diseases, (Diagnosis) and their treatment. Lev. 13, 2: "When a man shall have in the skin of his flesh a rising, a scab, or bright spot, and it be in the skin of his flesh, like the plague of leprosy, then he shall be brought unto Aaron the priest, or unto one of his sons the priests."



V. 3. "And the priest shall look on the plague, in the skin of the flesh; and when the hair of the plague is *turned white* and the plague in *sight* be *deeper* than the skin of his *flesh*, it is a plague of leprosy; and the priest shall *look on him* and *pronounce* him unclean."

V. 4. "If the bright spot be *white* in the skin of his flesh, and in *sight* be *not deeper* than the skin, and the *hair* thereof be not turned white: then the priest shall *shut up him* that hath the plague *seven days*."

V. 5. "And the priest shall *look on him* the seventh day; and behold, if the *plague* in his *sight* be at a *stay*, and the plague spread not in the skin: then the priest shall *shut him up* *seven days* more."

V. 6. "And the priest shall *look on him again* the *seventh day*; and behold, if the plague be *somewhat dark*, and the plague spread not in the skin, the priest shall *pronounce* him clean; *it is a scab*, and he shall *wash his clothes* and be clean."

The 7th and 8th verses direct the watching of this disease called the "scab," as the real leprosy might after all lurk in the system, notwithstanding the rigid examination and the probationary seclusion to which the person was subjected. Then follow the rules or symptoms which should be observed in the examination for a chronic leprosy. (See Bush's Com. on Leviticus.)

V. 9. "When the plague of leprosy is in a man, then he shall be brought unto the priest."

V. 10. "And the priest shall see him, and behold, if the rising be white in the skin, and it have turned the hair *white*, and there be *quick raw flesh in the rising*."

V. 11. "It is an *old leprosy* in the skin of his flesh, and the priest shall pronounce him unclean." Here the state of the case was too plain to admit of a doubt.

The 12th and 13th verses mention other appearances, which distinguish leprosy from another eruption in the skin which resembled it.

V. 12. "And if a leprosy *break out* abroad in the skin, and the *leprosy cover* all the skin of him that hath the plague *from his head even to his foot*; wheresoever the priest looketh;,"

V. 13. "Then the priest shall *consider*; and behold, if the leprosy have *covered all his flesh*, he shall pronounce him clean that hath the plague; it is all *turned white*, he is clean."

The 14th, 15th and 16th verses go on to show that these symptoms might prove fallacious as we shall see.

V. 14. "But when raw flesh appeareth in him, he shall be unclean."

V. 15. "And the priest shall see the *raw flesh*, and pronounce him to be unclean; for raw flesh is unclean, it is a leprosy."

V. 16. "Or if the raw flesh turn again and be changed into white, he shall come unto the priest."

V. 17. "And the priest shall see him; and behold, if the plague be turned into white; then the priest shall pronounce him clean that hath the plague, he is clean."

From the 18th to the 23rd verse we have the distinguishing changes, which take place when a "boil" (sore) and a "burning boil" (ulcer) break out into a leprosy. Then again from the 24th to the 28th verse, the leprosy supervenes from the disease called "burning," which some have supposed to be Erysipelas or St. Anthony's fire. From the 29th to the 37th verse we have the diagnosis of leprosy from "freckled spot" "that groweth in the skin." (NOTE. Niebur calls it Bokak leprosy. Not infections passes off after some two months, and sometimes two years, Bush notes.) From the 40th to the 44th verse, Diagnosis of Leprosy from baldness. We may observe after this notice of the 13th of Lev. that a stronger example or injunction (1 Cor. 10, 11) could not have been given to prove to a physician the duty of learning the symptoms which distinguish one disease from another, and that in cases where the disease was not fully developed, time sufficient for such purpose, should be allowed to the physician, that he may be enabled not to mistake in his decisions respecting the character of a disease. It appears that in some cases the priests were directed to take three weeks to fully decide in the case of a disease, and they were directed to mark the morbid changes which took place from time to time, on seeing or inspecting a disease, which falls under the head of the science of pathology or diseased physiology, one of the most important branches of medical science.

#### RECUPERATIVE POWER.

In the 12th chapter of Lev., we have the law given for females in certain cases to which their sex is liable, in which cases the recuperative power, aided by a proper hygienic course, is the only agent for restoration to health, and the duty inculcated of not infringing in any way upon the course and length of time prescribed. The law fixing the time in one case to forty days, and in another to eighty days, before she was allowed to "enter the sanctuary," a rule which, if better observed at the present day, would prolong the life and health of the sex in numerous instances.

The law which we find in the 14th chapter, for cleansing of the leper, supposes a cure had taken place, which no doubt was the effect



of the vital energy or recuperative power. In the 15th chapter from the 2d to the 15th verse, we find a law in relation to a running issue, supposed to be Gonorrhœa. The strictest rules for care and cleanliness are given although at that day says Bush, "a mild disease compared with the same disease at the present time." Nature seems to have effected a cure. The 25th verse relates to another disease with rules for observation in relation to its cure. The verse reads: "And if a woman have an issue of her blood many days out of the time of her separation, &c." Bush says: "This refers not to any *natural* or ordinary, but to a chronic morbid issue, constituting the disease of which mention is made in the Gospel, Math. 9, 20, where a woman, which was diseased with *an issue of blood twelve years*, is said to have come behind the Saviour and touched the hem of his garment, and was made whole."

Job. 2, 8: "He took a potsherd to scrape himself with all; and he sat down among the ashes." We may justly suppose that he aimed at cleanliness by the use of such means. Means of a similar kind have been found, to the present day, to be among the most important, especially for cutaneous diseases, a class, few of which are benefitted by medicines.

We observe in the examination of the law making it the duty of the priests to prescribe for the sick, that in some cases they were restored to health; at least the law provides for such a result. The priests being under the severest restrictions in the observance of their laws (Heb. 8, 5), and as we find in the management of the diseases already under notice that cleanliness and seclusion from society were the only remedies named, it is fair to assume that in those cases which were restored to health, the cure must have been brought about by a power or principle inherent in the nature of the living organism. And *this principle* in the process of the cure of disease, although without a name in the Bible, still is manifestly recognized in the law which was to be observed by the priest.

#### RECUPERATIVE POWER OR VITAL PRINCIPLE.

Having, as we think, found a curative principle revealed for the priest to observe in his decisions in regard to the nature and treatment of disease, we will here show, by comparison and extracts taken from the writers of both schools of medicine, which of them is sustained by inspiration.

The recuperative power of our nature, as an agent in the cure of disease, has been from the earliest history of medicine a fundamental

doctrine; and its necessity admitted for the healing of the sick, as we shall show hereafter.

We observe that in acknowledgment of this power, Homœopathists have said little. Its agency is entirely rejected by Hahneman, with a few exceptions, as in the case of cutaneous diseases,—as for example: The small box will cure the measles or any disease less violent or malignant. This he admits on the principle of “*similia, &c.*,” and which he regards as a “hazardous remedy.” This general doctrine on this subject we will give in his own words taken from his “Organon.” (First American Ed., Philad., 1836.)

P. 31. “The Alloëpathy of the old school greatly exaggerated the *efforts of nature*. Falsely judging them to be truly salutary, they sought to promote and develope still farther, hoping by these means to destroy the entire evil and effect a radical cure, &c.”

P. 33. “As every thing that *simple nature* performs to relieve herself in *acute* and more particularly in chronic diseases, is highly imperfect, and is *actually disease itself, &c.*” P. 34. “What reflecting man would copy the efforts of nature in curing disease? These very efforts are the disease itself, &c.” Sec. 12, p. 83. “It is solely the morbidly affected vital principle which brings forth diseases, &c.”

According to this theory, he has the best reason for rejecting the old school doctrine, of a cure through the efforts of nature. This principle, as he says, is “primarily deranged.”

Sec. 29, p. 90 gives his *modus operandi* of cure: “Every disease (which does not belong exclusively to surgery) being a purely dynamic and peculiar change of the vital powers (disease) in regard to the manner in which they accomplish sensation and action, a change that expresses itself by symptoms which are perceptible to the senses, it therefore follows that homœopathic medicinal agents, selected by a skillful physician, will convert it into another medicinal disease which is analogous, but rather more intense. By this means, the natural morbid power which had previously existed and which was nothing more than a *dynamic power without substance*, terminates, while the medicinal disease *which usurps its place* being of such a nature,\* as to be *easily subdued by the vital powers, is likewise extinguished* in its turn, leaving in its primitive state of integrity and health the essence or substance which animates and preserves the body.”

We see in this quotation that the vital power may cure a disease made by the homœopathic physician, but a natural disease is cured only by the Homœopathic remedy, by creating a disease in nature herself “more intense.” Then, as we see still farther, nature cures this “more intense” remedial Homœopathic disease!! This is the substance of later writers in Homœopathy. Marcy, in his Practice of Medicine (Homœopathic), says, that “a new kind of action is set up which abolishes the disease and usurps temporarily its place,” appa-



rently wishing to avoid the paradoxical dilemma of Hahnemann. He says that "the new or medicinal action subsides speedily and spontaneously"!! Marcy, when giving directions in relation to the repetition of doses "until *aggravation* of the *symptoms* (that is some *primary effect of the drug*") in certain cases, says: "It is far better to make use of doses sufficiently strong, and repeat them sufficiently often to induce *decided primary medicinal* symptoms, even if we are obliged now and then to give antidotes." Not a word is said in favor of nature. Here he admits that his remedial disease may be so great as not to pass off "spontaneously," so that an antidote might be needed and in some cases, he is rather in favor of such a course. This antidote is only a term for another medicinal disease made by another drug, and why not this antidote require another? and this another? and so ad infinitum. Then again he (Marcy) says in his reply to Dr. Hooker, that "the *vital force* reacts with much less power against impressions made by morbid agents, than against those caused by specific medicinal disease." Whoever reads his work on the Theory and Practice of Medicine (Homœopathic) (Pub. in N. Y. 1850), chap. 3, will see that he *ridicules* those who hold to any such force, and positively denies its existence. More of this under another head. This admission of such a power in his reply to Hooker is evidently for the purpose of throwing dust in the eyes of his readers. We have noticed a review of an address delivered before the N. Y. Homœopathic Society, Feb. 7, 1854, published in the *N. Y. Independent*, a religious journal. The reviewer says that "the doctrine of the address is that there is in nature a law of cure in the reactive force of the *vital* principle, and that this is *accelerated* by the judicious application of *similia*," and that "the discourse is well fitted to meet the *popular skepticism* with respect to medicine, introduced by the controversies of the schools." Wise heads!! This doctrine is similar to that of Rau, another writer of the same class, like Marcy. When we look farther in their theory and practice, these pretensions all vanish; and it is farther evident that public opinion is so strongly in favor of the operations of nature in the cure of disease, that later writers on Homœopathy have found it necessary to *talk about such a principle* for the purpose of keeping the public quiet on this subject. Having given the Homœopathic doctrine of the influence of nature in the cure of disease, we will give the opinions of writers of Rational Medicine on this subject.

Cullen says in his "First Lines of Practice of Physic," when treating of fever (Sec. 38, p. 32.): "How the state of debility pro-

duces some of the symptoms of the cold stage, may perhaps be readily explained; but how it produces all of them I cannot explain otherwise than by referring the matter to a *general law* of the animal œconomy, whereby it happens that powers which have a tendency to hurt and destroy the system, often excite such motions as are suited to obviate the effects of the noxious power. This is the *vis medicatrix naturæ*, so famous in the schools of physic; and it seems probable that many of the motions excited in fever are the effects of this power."

Prof. Paine says in his work on the Institutes of Medicines that "there is nothing more important to be known and appreciated than the endowment of the properties of *life* with a tendency to return from diseased to their natural states. This is the *vis medicatrix naturæ*, and is the *immediate foundation of therapeutics*. This and this *alone* has given rise to the art of medicine; since by no artificial means can the diseased properties and functions of life be converted into their healthy state. It is also remarkable that the most efficient remedial agents institute their favorable effects by establishing *pathological* conditions; which further shows that it is *nature alone which cures*, and through the foregoing principle. That principle is one of the remarkable exemplifications of *Design*, since *without it*, the human race would *become extinct*."

"MOTTOES" FROM THE SAME WORK.

"It seems to me that the explanations which represent nature, always pursuing a uniform course in her operations, drawing the same results from the same principles, has a greater degree of probability than that which shows her separating as it were this phenomenon from all others in the way which she produces it." BICHAT.

"Medicines differ from poisons not in their nature, but in their dose." LINNÆUS.

"Natura deficiente quicquam obtinet medica ars perit æger." HIPPOCRATES. Transl. Whatever the medical treatment, the patient dies when nature fails.

"Nulla medicina, nonenquam optima medicina." Trans. Sometimes no medicine is the best medicine. MAXIM OF THE COAN, of the school of Hippocrates. (This maxim and the translations are not from Prof. Paine's work.)

"Natura repugnante, nihil proficit medicina." CELSUS. Transl. Medicine is of no avail against nature.

"Natura malum sentiens gestitat magnopere mederi." Transl. Perceiving the disease, nature exerts itself greatly to heal it. GALEN.

Another quotation from Dr. Forbes we give, which the Homœopaths are so fond of noticing in their works and Journals: "And yet that nature can cure (says Dr. F.) diseases without assistance from art, is a fact demonstrated by evidence of the most unequivocal kind and of boundless extent. That in a large proportion of the cases treated by allœopathic physicians, the disease is cured by nature and not by them. That in lesser, but still not a small proportion the disease is cured by nature in spite of them, in other words, their



interference opposing instead of assisting the cure, &c." We will add to the above the opinion of Prof. Wood in his recent work on the Practice of Medicine, published Phil. 1851, p. 211. He says: "The *pointings* of nature should be watched for and regarded in the treatment of diseases even, though they may be opposed to the deductions of our reason and the whole previous course of our experience."

We believe that enough has been given for the purpose of establishing the point that the power of nature (as an agent necessary for the cure of disease) is a doctrine of the regular profession, and as old as four or five centuries before the Christian era, at least taught since the days of Hippocrates. This power of nature is exemplified in the union of fractured bones, healing of ulcers by granulations, or, as is commonly termed, the filling up the cavity of an ulcer with new material, and then the cicatrization of the new skin that is formed is another peculiar process of nature—the re-union of fresh cut wounds, as is surgically termed "union by the first intention," that is uniting without suppuration, is another process of nature (which has come under the observation of every body) in the cure of disease. Opposed to this doctrine, we find Hahnemann taking a firm stand, and his followers too, but not so boldly, and as we shall further see it is impossible for them to avoid taking this course, a method entirely adverse to the one given to, and followed by the Jewish priests if they were true to their law. Nothing is more easy to see, than that rational medicine teaches and practices on the plan laid down for the Jewish priests.

#### PATHOLOGY, &c.

The Jewish priests were, as we have seen, obliged by their law to watch the changes and their character. These, as we have said, are pathological changes. For example, in the 13th chapter already quoted, in the 4th verse, the priest is directed to notice if the "bright spot be white in the skin of his flesh" "not deeper than the skin," the hair "not turned white"; under such circumstances, the priest must wait another week for further development. The second week the priest must examine his patient and observe, if the "plague spread not in the skin" and "be at a stay," under such circumstances he must wait another week. V. 5. Then if the plague be somewhat dark "and spread not in the skin, the priest shall pronounce him clean: it is but a scab, &c." We argue from this that it is the duty of a physician to study the pathological changes of all diseases, and certainly these changes involve the living principle in such a manner, that a knowledge of physiology is necessary, to be fully competent to

the task of correctly judging of disease; and it would not seem necessary to argue the case, to show that the physician ought to use every possible help to make himself master of these branches of medical science. And such is the opinion of all the schools of medicine termed old school; but, as we shall show, such is not the teaching of Hahnemann in page 10 of his *Organon*; he says:

“*Tolle causam!* cried they (old school) continually; but that was all: they seldom went farther than vain exclamation. *They talked* of being able to discover the cause of disease, without succeeding in their pretended attempts; for, by far the greater number of diseases being of dynamic origin as well as of dynamic nature, and their cause therefore not admitting of discovery to the senses, they were reduced to the necessity of inventing one. By comparing, on the one hand, the normal state of the parts of the dead human body (anatomy) with the visible changes which those parts had undergone in subjects that had died of disease (pathological anatomy), and on the other, the functions of the living body (physiology) with the endless aberrations to which they are subject in the various stages of disease (semeiotics, pathology) and drawing from thence conclusions relative to the invisible manner in which these changes are brought about in the interior man, &c.”

Hahnemann here denies and ridicules the idea that a knowledge of anatomy, pathological anatomy (diseased anatomy), physiology (the living principle and the laws by which it is governed), semeiotics (signs of disease), pathology (the nature of disease) is necessary in practice; and we shall see by further examination that later writers hold the same views. Although they have established schools to teach Homœopathy, there can be no earthly reason, except for the purpose of surgery, for which, a knowledge of anatomy is necessary so far as disease is concerned. The knowledge of symptoms is all they have to understand, as we find taught in their works, and as is the case in fact in many instances. Any person may know, by getting a Homœopathic book on practice, where symptoms and the remedies for symptoms are given, on the principles of “*similia*.” With a box of little pills, no matter of what attenuation, put up in small phials carefully labeled with the names of their pretended *active principles*, then, they are prepared to enter upon the duties of the physician. Still now, often old school physicians are accused of ignorance of this system which needs little or no extra course of instruction. In view of what we have said, how absurd and ridiculous is the attempt to establish a separate chair for Homœopathy in an old school medical college, for purposes of instruction!



## PHYSIOLOGY.

It is a well known fact that the disease called Leprosy is not contagious, but hereditary. Being hereditary, it falls under this head of medical science, and we think reference is made to it in the 45th and 46th verses of the 13th chapter of Lev.: "And the leper in whom the plague is, his clothes shall be rent and his head bare, and he shall put a covering upon his upper lip, and shall cry, *unclean, unclean. All the days wherein the plague shall be in him, he shall be defiled: he is unclean, he shall dwell alone; without the camp shall his habitation be.*"

We have good reasons to suppose that the secluded life to which a leper was abandoned, was more on account of physiological than moral reasons. If we take Richerands definition of physiology as correct, which to use his words, "Is the science of life," we have seen in the above and throughout the Levitical laws, given for medical treatment of a variety of diseases, much that has reference to the influence of disease on the living principle of the organism; and we have more to add from the sacred word, in proof that the sacred penman intended we should profit by these hints in relation to the subject. Although obscure as a science, they are still so clear that the scientific philosopher may find good texts of scripture, from which to write sermons or even books on the medical topics already mentioned. In addition to what we have mentioned, we may notice the scriptural account of the life of Moses, in relation to his strength and sight. Deut. 34, 7: "And Moses was one hundred and twenty years old when he died; *his eye was not dim nor his natural force abated!*" The Psalmist refers to this "force" in Ps. 90, 10: "The days of our years are threescore years and ten, and if by *reason of strength* they be fourscore years, yet is their *strength*, labor and sorrow; for it is soon cut off and we fly away." We read in Genesis 2, 7: "And the Lord God formed man out of the dust of the ground, and *breathed* into his nostrils the *breath of life*; and man *became a living soul.*" That is a living man, as admitted by all orthodox Christians, or as Paul the Apostle has it in Acts 17, 25: "He giveth to all life and breath." We learn from the Bible, as we have seen and shall further notice, that this vital principle must sooner or later fail. In Eccl. 11, 8, we have as follows: "But if a man live many years and rejoice in them all yet, let him remember the days of *darkness* for they *shall be many!*" Then in the following chapter we would invite particular attention to a number of passages which in physiological science refer to the *vital principle* of the *special senses*,

as seeing, hearing, as well as to that of the whole organism, and we may add that reference is made to the *sympathies* of our nature, another instructive lesson for the physician. The decline of this vital power is illustrated by a variety of forcible and beautiful figures, drawn from nature and life. Beginning with the last clause of the 12th verse of the 12th chapter of Eccl. as follows: "While the evil days come not nor the years draw nigh when thou shalt say I have no pleasure in them."

V. 2. "While the sun, or the light, or the moon, or the stars be not darkened, nor the clouds return after rain." The vigor of the vital principle of youth and manhood and old age doubtless is referred to.

V. 3. "In the day when the keepers of the house shall tremble, and the *strong men shall bow* themselves, and the grinders cease because they are few, and those that look out the window be darkened." Job. 4, 19. (2 Pet. 13, 14.) The weakness of the physical form of the old man is here referred to. The muscular power of the extremities and the loss of the eye sight. Gen. 27, 1. 1 Sam. 3, 2. 1 Kings 14, 4.

V. 4. "And the doors shall be shut in the streets when the sound of the grinding is low, and he shall rise up at the voice of the bird, and all the daughters of music shall be brought low." Deafness and weakness of voice is here noticed.

V. 5. "Also when they shall be afraid of that which is high, and fears shall be in the way, and the almond shall flourish, and the grass hopper shall be a burden and desire shall fail; because man goeth to his long home, and the mourners go about the streets." On account of the general weakness, climbing up of high places are avoided, and the natural relish for luxuries and all sensual gratifications fail.

V. 6. "Or ever the silver cord be loosed, or the golden bowl be broken, or the pitcher be broken at the fountain, or the wheel be broken at the cistern." The lamp of life may have the cord broken, by which it hangs, and the lamp be dashed in pieces, which holds the oil that supplies the flame." STEWART. "Silver cord, the inexplicable bond of union between the body and soul," "or the verse may be descriptive of the functions of life, &c." SCOTT. "The circulation of the blood is thought to be alluded to, and it is not at all improbable that Solomon knew much of physiology." 1 K. 4, 33. "The wheel broken at the cistern seems to indicate the destruction or cessation of the first and last principles of vitality." Ed. of Comp. Com.



V. 7. "Then shall the dust return to the earth as it was, and the spirit shall return unto God who gave it." "Then," that is after the vital principle which God breathed into man, and "he became a living soul," is worn out, then the material body returns to the earth and the soul to its Creator. Revealing to us the *three great* principles which united by the hand of infinite power and wisdom, constitute a living and intellectual being: 1st, organic matter which constitutes the frame; 2d, the vital principle, by which its integrity and health is maintained; 3d, the spirit or intellectual principle. The "image" or "likeness" spoken of in the creation of man, is found in Gen. 1, 26, 27: "And God said let us make man in our image after our *likeness*." "So God created man in his own *image*, in the *image of God created he him*," &c., and K. 10, 27. Comp. Deut. 6, 5 and 1 cor. 15, 38, 39. We would here give an opinion that the true theologians will never be able to confute the doctrines of the materialists until they have based their arguments upon a thorough knowledge of these three distinct principles, making a unity, in the existence of an incarnate, rational and accountable being. We believe that important and general principles are brought to the notice of both the theologian and physiologist, on whom equally a duty is imposed both for reflection and demonstration.

The Levitical law forbids the use of blood and fat as an article of diet. Lev. 3, 17: "And it shall be a perpetual statute for your generations throughout all your dwellings, that ye shall eat neither fat nor blood." The reasons for forbidding of blood may be found first in Lev. 17, 11: "For the life of the flesh is the blood," (a physiological reason), and the same reason is given in Gen. 9, 4 to Noah; and a second reason: "And I have given it to you upon the altar to make an atonement for your souls." Here we have a moral reason given us; both given on general principles; and problems for the physiologist and theologian to solve. The law forbidding intermarriages in families nearly related and that of eating swine's flesh, we suppose have physiological and moral reasons.

The doctrines on this subject as held by Rational Medicine and Homœopathy, and these compared with the above view, will be considered in an other place.

#### REMEDIES AND THEIR ADMINISTRATION.

Under this head of remedies, &c. for the sick, as taught in the inspired volume, we first call attention to a passage in Pro. 20, 22 last clause: "A merry heart *doeth good like a medicine*." That is medicine does good. The Saviour tells where it does good in Math. 9,

12: "They that be whole need not a physician, but they that are sick." The subject is suggested on general principles.

We have before noticed cases where special remedies were applied in a special manner under the direction of God; one of those cases where Timothy had small quantities of wine prescribed as a medicine, 1 Tim. 5, 23, and was enjoined to set aside the use of water, suggests a lesson for Hydropathists.

Another remedy already noticed is the *plaster of figs*, which were prescribed for Hezekiah. Isa. 38, 1—5, 21.

Another instance of a remedy being used is recorded in Luke 10, 34, in the case of the man who fell among thieves, who was prescribed for at the hand of a Samaritan, "and (he) went to him and bound up his wounds pouring in *oil and wine*." In this instance we have the approbation of our Saviour for the application of the *oil and wine in this case*.

The importance of physicians and medicines for the interest of man is esteemed so great in the mind of the Lord, that He frequently, in figures of speech, enforces in very strong terms the necessity for their aid for the cure of disease. This we infer, if a figure be employed to represent and truly, a medicine for a cure of a moral disease. The remedy itself must be a good one for a physical disease. We have an example of this kind in Jer. 8, 22: "Is there no balm in Gilead, is there no physician there? Why then is not the health of the daughter of my people recovered." In this passage the neglect of applying to a physician and having an appropriate remedy administered, is a sin. The nature of this remedy we may learn in Jer. 51, 8: "Babylon is suddenly fallen and destroyed; howl for her; take *balm* for her *pain*, if so be, she may be healed." (Comp. Ezek. 34, 4.)

In Jer. 4, 6, 11, it appears that "many medicines" were in common use, and were and had been blessed of God; but in this case we have a clear illustration of God's sovereignty in the use of means. The clause to which we refer reads: "in vain shalt thou use *many medicines*, for *thou shalt not be cured*." (We would here remark that in this passage we have a good lesson for a class not excepting some professing Christians, who are always finding fault and vexed with physicians, because their medicines do not always cure.) The same doctrine is taught in Jer. 30, 12, 13. The clause reads: "No healing medicines." None that God would then bless. Then in the 17th verse the circumstances seem to have been in some way altered, and God could be honored in showing mercy and blessing the means; the



passage reads: "I will *restore health unto thee* and will heal thee."

Again in Ezek. 30, 21 we have another example: "Son of man, I have *broken the arm* of Pharaoh, King of Egypt and Lo, it shall not be *bound up* to be *healed*, to put a roller to bind it, to make it strong to hold the sword." The *fractured arm* and the *aid* of the *surgeon* are here referred to.

In Isaiah 1, 6, another form of the same subject is brought to light: "From the sole of the foot even to the head there is no soundness in it, but wounds and bruises and putrefying sores; they have not been *closed* neither *bound up*, neither mollified with ointment." Here it appears the surgeon, physician and ointment and necessary bandages were neglected, and the consequence was, putrid sores. (We remark that here we have a lesson for a class who are always crying out the let alone practice, and leave all to the efforts of nature; or for another class who wish to depend on small and inefficient remedies, with the common adage in their mouth "if it does no good it will do no hurt." If this is not a lukewarm practice and doctrine what is. Comp. Rev. 3, 15, 16.)

Another medicine is mentioned in Jer. 2, 22: "For though thou *wash* thee with *nitre* (carb. soda) and take thee much *soap*, yet thine iniquity is marked before me, saith the Lord God." These remedies were for external use.

The wise man in Canticles 2, 5 says: "Stay me with *flagons*, comfort me with *apples*." Referring to the use of wine for weakness as directed to Timothy, and to the use of medicated apples for fainting, used for the same purpose as our modern smelling bottles. (St. Patric and Lowth.) Then again in the 8th chapter, verse 6, he says: "I would cause thee to drink *spiced wine* of the juice of the Pomegranate"; referring to medicated wine.

A significant allusion is made to the virtue of medicines in Ezek. 47, 12: "Whose *leaf* shall never fade"—and the *leaf thereof* for a *medicine*. Again in Rev. 22, 2: "And the *leaves* of the tree were for the healing of the nations."

The apochryphal writings corroborate the same truths which we have adduced from the word of God, and we think a fair question may be asked, whether with all the doubt in its divine inspiration, it does not teach a more healthful doctrine and one more to the honor of God and the interest of man than is generally taught in our pulpits of learning, or even generally believed by those who occupy those high places of trust. We do not claim, as Roman Catholics do, that the following quotations taken from apochrypha have the

force of inspiration, and the Homœopathist certainly ought not to find fault even if they (the Catholics) do, as they (Homœopathists) equally with the Catholics hold to the development of miraculous changes which are effected by the hand of man. The Priest pretends to make a Deity out of the wafer, which answers his purpose. The Homœopathist pretends to make a new and effective principle, either spiritual or material, in accordance with the school (Homœopathic) of moral philosophy to which he belongs, with his *little pill* or *infinitesimal* which answers his purpose. We will insert as an offset to the *little ghostly specific remedy*, as prescribed by the Homœopathist, the specific remedies which were in use by the Catholics during the mediæval age.

The following list (says Pettigrew p. 55, on medical superstition), though doubtless very imperfect, will yet serve to show how general was the appropriation of particular diseases to the Roman Catholic saints :

- St. Agatha, against breasts. St. Anthony, against inflammations.
- St. Agnan and St. Tignan, against scald head.
- St. Apollonia, against toothache. St. Abertin, against lunacy.
- St. Benedict, against the stone, and also for poisons.
- St. Blaise, against the quinsy, bones sticking in the throat, &c.
- St. Christopher and St. Mack, against sudden death.
- St. Clara, against sore eye. St. Erasmus, against the colic.
- St. Eutrope, against dropsy. St. Genow and St. Maur, against the gout.
- St. Germanus, against diseases of children. St. Herbert, against hydropathy.
- St. Giles and St. Hyacinth, against sterility.
- St. Job and St. Fiage, against syphilis. St. John, against epilepsy and poison.
- St. Lawrence, against diseases of the back and shoulders.
- St. Liberius, against the stone and fistula. St. Maine, against scab.
- St. Margaret and St. Edine, against danger in parturition.
- St. Martin, against the itch. St. Marus, against palsy and convulsions.
- St. Otilia and St. Juliana, against sore eyes and headache.
- St. Pernel, against ague. St. Phaire, against hemorrhoids.
- St. Petronilla, St. Apollonia and St. Lucy, against the toothache.  
do. and St. Genevieve, against fevers.
- St. Quintan, against coughs. St. Rochus and St. Sebastian, against the plague.



St. Romanus, against demoniacal possession.

St. Ruffin, against madness. St. Sigismund, against fevers and agues.

St. Valentine, against Epilepsy. St. Venice, against Chlorosis.

St. Vitus, against madness and poisons. St. Wolfgang, against lameness.

St. Wallis and St. Wallery, against stone.

The passage referred to in apochrypha will be found as follows in Eccl. 6, 16, where medicine is compared to a "faithful friend."

Chap. 18, 19. "And use physic or ever thou be sick." This ancient practice is common at the present time. No doubt has been carried to excess. All are glad to resort to it not excepting Homœopaths. Chap. 38, 1—14 verse. "Honor a physician with the honor due unto him, for the Lord hath created him." V. 2. "For of the Most High cometh healing, and he shall receive honor of the king." V. 3. "The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration." V. 4. "The Lord hath created medicines out of the earth; and he that is wise will not abhor them." V. 5. "Was not the water made sweet with wood that the virtue thereof might be known." V. 6. "And he hath given men skill that he might be honored in his marvelous works." V. 7. "With such doth he heal (men) and taketh away their pains." V. 8. "Of such doth the apothecary make a *confection*; and of his works there is *no end*, and from him is peace over all the earth." V. 9. "My son, in thy sickness be not negligent; but *pray unto the Lord*, and he will make thee whole. V. 10. "*Leave off from sin*, and order thy hands aright, and cleanse thy heart from all wickedness." V. 11. "Give a sweet savor, and a memorial of fine flour, and make a fat offering as not being, &c." V. 12. "Then give place to the physician, for the Lord hath created him, let him not go from thee for thou hast need of him." V. 13. "There is a time when in their hands there is good success." V. 14. "For they shall also pray the Lord that he would prosper that which they give for ease and remedy to prolong life." In these passages, the duty of the physician and patient is clearly stated, and we have a recognition of the sovereignty of God, beside a reference to pharmaceutical preparations made from minerals, by the apothecary. (A good lesson for ultra-herb practice.) In pursuing this examination from the Bible, another enquiry may be made in reference to the character and office of the physician. We may infer from what we shall observe in this examination, that there were two distinct and separate professions.

From the examination, we have made of the Book of Leviticus, we regard it as not improbable that the priest acted at times in a double capacity of both priest and doctor, although we have no account of their administering medicine. It is supposed by some commentators on the Bible that the priests were acquainted with the Egyptian practice of medicine; and more than probable that they did occasionally use means for the recovery of the sick. The only allusions to this subject to which we can refer in the Bible, will be found in Ex. 30, 25 and 34, 35 and 37, 39, Eccl. 10, 1.

## Holy Oil.

"Pure Myrrh, 500 shekels.  
Sweet Cinnamon, 250 "  
" Calamis, 250 "  
Cassia, 500 shekels of the sanctuary.  
Of Oil Olive, an hin.

"An ointment compounded after the art of the apothecary."

## Holy Perfume Confection.

"Take unto thee-sweet spices,  
Stacte,  
Onycha and  
Galbanum with  
Pure Frankincence. "Of each shall  
there be like weight," "and thou shalt  
make it a perfume, a confection after the  
art of the apothecary tempered (salted)  
together pure and holy."

Is it to be wondered at that Dr. Geddes supposed that these proportions were taken from a medical prescription? at least he translates it "proportional parts" as in medical recipes. (Ed. Comp. Com.)

From the above, we may easily conjecture what system of therapeutics was in use in Old Testament times; and that the priests had a part to do in the matter, may be seen by consulting 1 Chron. 9, 30.

Isaiah performed the duty of prophet and physician under the guidance of inspiration, as we have seen in the case of Hezekiah. We learn that physicians were numerous in Old Testament times; Joseph had many in his own house. (Gen 50, 2.) We read in 2 Chron. 16, 12 and 13, that Asa "sought not to the Lord, but to physicians." Nothing is alleged against the physicians or the means which they may have employed; but his great sin was in neglecting to seek unto the Lord for this blessing, and he died of a disease after two years illness. As to how often death occurs from the same cause in this 19th century, and the blame attaches, or the cause of death is set down to the physician, or the means which he had employed, would require another revelation through Divine Inspiration, to gain credit.

The Saviour recommends physicians, the employment of a physician for the sick. (See Math. 9, 12 and Luk. 8, 43.) An incurable disease is mentioned where physicians had tried all their skill in vain.



She was finally cured by a miracle by the Great Physician of Soul and Body.

The highest encomium upon the profession, and a example of faithful physician is recorded in the case of Luke, Col. 4, 4: "Luke, the beloved physician." It does not say a beloved man, nor disciple, nor priest, nor evangelist. No doubt it would have been equally true if the same qualification had been applied to each or any of these offices. If the qualification was intended for Luke as a man or evangelist, and merely applied to his profession as in common parlance we now use the title Doctor, when speaking of, or to one of that profession, if there had been any objection to his system of theory and practice on disease in the mind of the Holy Spirit, the expression would have been (we think naturally) different. It would have been nearer the truth to have said a "beloved" man or evangelist but a poor and ignorant Doctor. Inspiration, evidently intended to apply the qualification to his profession. How he was educated, we are not informed. Barnes in his notes on this verse says "it is evident that he (Luke) was not by birth a Jew." "He is supposed to have been a native of Cyrene," and "he is here mentioned as a physician, and in his Gospel and in the Acts there are incidental evidences that he was acquainted with the science of medicine, and that he observed the events which he has recorded with the eye of one practiced in the healing art. It is easy to imagine that the presence of a physician might have been important to the apostle Paul in his travels, and that his acquaintance with the art of healing may have aided not a little in the furtherance of the Gospel." We may suppose he learned something from the Levitical law, and other portions of Scripture already alluded to. And further, we may suppose from his acquaintance with the Greek language that he had an acquaintance with the writings of Hippocrates. We may still further suppose, as he was an inspired Christian physician that the sentiment expressed in the injunction that "if any man lack wisdom let him ask of God who giveth liberally and upbraideth not," was fully appreciated and observed. To such a physician as Luke was, Divine Inspiration gives the strongest evidence of approbation. We may infer from the Scriptures already examined in the foregoing pages, what his method of cure or practice must have been, and the kind or character of the means he employed. Especially when we take into account the prescription made for Timothy—made under his eye and perhaps his advice, as we see by 2 Tim. 4. 11., "only Luke is with me."

[To be Continued.]

## ARTICLE II.

*Chicago Correspondence.*

MESSRS EDITORS.

As Chicago is the very centre, of the world, the true, *umbilicus mundi*, I deem it proper that you should be kept informed of the principal events transpiring therein; hence this letter though neither profound in matter nor connected in style should claim your solemn attention.

I will begin with the smallest things first. Of all small events, the most infinitesimally minute which I have seen is the Annual meeting of the American Institute of Homœopathy. This, you know is the great national society of the Homœopaths, the would be rival of the American Medical Association, and consists of delegates who assemble from every part of the Union.

The coming event cast its shadow before it in the newspapers with a penumbra as large as the comet. In order that the delegates might, if possible, all get seats, the committee of arrangements hired the Metropolitan Hall which will hold two thousand persons. When the multitude of delegates assembled and a census of them was taken, there were found to be present about twenty nine men. Something like a dozen others were out and in from time to time, so that the entire number of members who presented themselves during the two days, might be forty or forty five, including those resident in this city. The usual attendance however was just about thirty.

This Homœopathic potency sat in the middle of the great hall, looking like thirty little pills in the middle of a quart bottle.

Having reduced their spirits to the 30th dilution by the first days session, they revived them by holding a banquet at the Briggs House in the evening. The next day they adjourned and dispersed.

At the same time, the Illinois State Medical Society was holding its annual meeting.

The number of members who presented themselves was about seventy-five, and the sessions were continued three days. Professor Davis read an interesting paper on Alterations of the Blood in Continued and Remittent Fevers. He detailed the results of a considerable number of analyses of the blood in such cases, and arrived at the conclusion that in *continued* fevers the blood was deteriorated in quality, but not much changed in the relative pro-



portion of its proximate elements. Thus, the quantity of fibrin and blood-corpuscles was nearly normal, but the fibrin was of a soft imperfectly consolidated quality, and the corpuscles were changed in form and appearance. In *intermittent* fevers on the contrary, he found the fibrin firm and the corpuscles apparently healthy but both of them in very small quantity. He concludes therefore that in intermittents the elements of the blood are changed in relative proportion rather than in quality.

Dr. Brainard read a paper on his operations of perforating for ununited fracture. He reports twelve cases since his last published account, and claims that it has not failed in his hands in a single instance. He repeats the operation from one to five times at intervals of some days and then puts the patient into splints, &c.

He contended in conclusion against somebody's claim to priority; who reports having operated with a gimlet before Brainard thought of it. Dr. B. gives it as his opinion that it is impossible for a man to perform the operation with a gimlet.

Dr. Freer showed the Society a large cancerous tumor of the *os femoris*. A queer physician from the south part of the state gave it as his opinion that it was nothing but "*dropsy of the bone*."

Dr. Bailey, formerly of Almont in your state now practicing in Joliet, Ill., read a very able paper on congestive intermittents, which led to a spirited discussion of the subject.

The Homœopathic Hospital of this city has exploded and sunk for want of funds.

Several months ago some zealous ladies held a festival to recuperate it, and relieve its finances and the public supposed that with this help it would certainly go on with new vigor, but it appears that an unexpected use of the fund was made. The money was taken to pay its debts and then the concern closed up, the chief creditors being, I think, some of the Homœopaths themselves. This was honest and right but it is doubtful whether all the persons who went to the festival would have contributed anything had they understood that the object was to close the hospital instead of continuing it.

The Cook County Medical Society met last Tuesday as usual. There was nothing of remarkable interest to report.

The Marine Hospital has changed its Surgeon. Dr. Brainard who served there during the Pierce administration has been removed and Dr. Mc Vicar appointed in his place. Drs. Mc Vicar and Brainard

both figured as stump speakers last fall, during the presidential campaign, but as Dr. Brainard had held the post of surgeon for some time already, I suppose Dr. McVicar had the preference by the rule of rotation in office.

Dr. Brainard has also for some reason or other either left or been removed from his post in the Mercy Hospital. St. James Hospital, since Prof. Palmer has removed to Detroit, is under the care of Drs. Miller and Ammerman.

The City Hospital building is nearly finished and the Board of Health is engaged in the organization of the institution. No appointments have yet been made. It is said that the matter is in dispute whether the Physicians and Surgeons shall be appointed by the Mayor or by the Board of Health. If they are appointed by the Mayor, political affinity will control the selection as it does in the Marine Hospital, so that Chicago will then have a Republican Hospital for the city, and a Democratic one for the sailors, and thus the sick of all parties will get duly doctored by men after their own hearts. The Board of Health, in case the appointment devolves on them, profess that they shall entirely ignore political considerations in the matter.

There is a variety of names proposed for medical attendance. Drs. McVicar and Brainard offered at the outset to take charge of the Hospital for ten years *gratis*. All other candidates have felt obliged to follow suit so far as compensation is concerned; so that we have a brisk competition for appointments which pay nothing. This is unfortunate. It would be far more dignified for the profession to insist upon remuneration. Charity hospitals may properly be served gratis, but those under the care of any branch of government should render a fair compensation.

The Homœopaths are endeavouring to have a room set apart in which those who prefer that treatment may have a chance to be gratified. Many of the Board seem inclined to grant it.

The health of the city is excellent. There is no summer sickness, In fact the month of June thus far has been more healthy than was May. The sanitary measures, such as cleaning the streets, &c., are progressing well, and if the growth of the place would only stop a year or two till we could have a chance to put things in order, we should have one of the most clean and healthy towns in the land. The summers now for three years have been extremely healthy to the sore distress of some scores of physicians who moved in on the faith of the reputation for medical business which Chicago got at the



time when so many thousand emigrants were shipped on here with cholera and ship fever among them. Dozens of practitioners who came here supposing that this was a *bona fide* Chicago sickness, have starved out and left.

In Rush Medical College, things are in a state of change. Profs. Herrick and Evans have resigned and no appointments have yet been made to fill the vacancies. The institution holds on its way about as usual. The number of students this year, however, being diminished somewhat as compared with the year previous.

There are no other items at present which would interest you. I will keep you informed however of all things of scientific importance which may occur among us.

Chicago, June 18, 1857.

X.

---

#### ARTICLE III.

#### *Valerianate of Ammonia.*

BY FREDERICK STEARNS, PHARMACEUTIST.

I was first led to prepare this new therapeutical agent, some months ago, at the suggestion of several physicians of this city, whose interest had been excited by the report of Dr. Declat upon its wonderful power in treatment of *neuralgia*. This report was translated from the French, and published in a late number of the *Medical Examiner*, abstracts of which have found their way into most medical periodicals of the Union.

As I have not noticed any published description of this salt, or of a method of preparation, by which, it could be readily obtained and eligibly administered, the following may be of interest to the reader.

Valerianate of Ammonia, when prepared—by bringing ammoniacal gas (well dried) into contact with monohydrated Valerianic Acid in small quantity, placed under a bell glass, consists of pearl white tufts, of needle-shaped crystals radiating from a centre; it has a sweet taste, diffuses an odor similar, though not as disagreeable as that of Valerianic Acid; it is neutral to test paper, isomorphous, assuming a distinct change in color and crystalline structure upon slight exposure to the air, and so deliquescent, that it soon becomes liquid upon continued exposure to atmospheric moisture, it probably takes another equivalent of water, being, in the pure state, a hydrate.

The difficulty with which it is kept in the crystalline form, and the increased expense of it when prepared in that form, caused by loss of material and its involving much labor, led me to seek some more ready means, by which a solution of this salt could be obtained,—permanent, pleasant to the taste, and perfectly preserving its physical and chemical characteristics.

The researches of French chemists upon this salt have proved that its chemical action is greatly increased by solution, while therein its physical properties undergo no change, its increased energy owing probably to the separations of its particles, by the intervention of water. In this respect, it comports itself similarly to many ammoniacal salts, and monohydrated organic acids.

For the covering of its taste, the form of a syrupy solution suggested itself to me.

Having obtained by the usual process a sufficient quantity of Valerianic Acid through the action of Sulphuric Acid and Bi-chromate of Potassa upon Fusel oil, I purify it by redistillation from Chloride of Calcium, and in order to prepare a solution of Valerianate of Ammonia, proceed as follows:

*One ounce* (troy) of monohydrated Valerianic Acid is carefully saturated, by adding gradually a caustic solution of Ammonia; when neutral to test paper, simple Syrup, slightly flavored with Oil Gaultheria, is added, enough to make in all *one pint*.

This syrup contains a fraction over *four grains* of Valerianate of Ammonia to each *fluid drachm*. This amount has been pronounced a minimum dose.

In administering it for neuralgia, the size and frequency of the dose should be regulated by the effects produced.

The opinions I have gathered from those physicians who have used it, differ much in respect to its power of controlling that painful disease. The result of several observations, by one medical gentleman, being that, in the pure forms of neuralgia, where it was disconnected from derangement of the secretory organs, it was possessed of valuable curative properties.

The effects of Valerianate of Ammonia upon the animal economy, when given in large doses, have as yet received but little study, though it cannot prove very hurtful, 200 grains doses having been given to several dogs without producing injurious effects.

Its value as an addition to our already extensive materia medica is to be determined by the physician, and though the effects produced, by Dr. Declat and other French physicians, may be greatly exagger-



ated, it is to be hoped that it may be eventually considered of value in the treatment of those forms of nervous disease, which are increasing in frequency, and often unyielding in their obstinacy to any known article of medicine.

Detroit, June 15th, 1857.

---

#### ARTICLE IV.

#### *Introductory Lecture to the Clinical Class at St. Mary's Hospital.*

BY Z. PITCHER, M. D.

GENTLEMEN:—I know not how I can better introduce the subject of our interview to-day than by expressing to you my deep conviction of the importance of the office, and the magnitude of the responsibilities which rest upon those who assume the duties or consent on the invitation of others to become teachers in practical medicine, especially to such as take upon themselves the function of interpreters or exponents of the morbid phenomena which spring out of the living organism, when that is acting under the influence of causes which disturb the harmony of its movements, or impair the integrity of its structure. This feeling is increased by the apprehension that the soundest practical precepts, which may be inculcated here, if understood to be possessed of unvarying and absolute authority, (as is the case in fanatical medicine) and should they be applied without a constant reference to the ever varying nature of disease, may be destructive of life, rather than promotive of longevity.

A diffidence in my own ability to discharge the duties of such an office, no less than a sense of the responsibilities involved, prompts me to declare in advance that I undertake to fulfill the obligations imposed upon me by the Regents of the University, who have honored me with this manifestation of their confidence, more out of respect for their authority than from any expectation that I shall confer dignity upon the position in which I have been placed by their partiality, or special benefit upon those who may come here to be instructed.

My relations to this house, with which I have been identified for the last ten years, have also had their influence in causing me to decide upon taking a part in the course of clinical instruction proposed to be given in this institution, as an auxiliary of the Medical Department of the University.

My life you are aware, has been a life of action, and not of studious repose; having been required by the circumstances in which I have been placed, to encounter the diversities of climate and to contend with the various forces of disease which are to be met with, between the head of the lakes and the mouths of the Mississippi. Such advantages, as this wide field of observation has afforded me, will be made available to you, as far as lies in my power. I shall, therefore, make it my duty more especially to apply to cases under consideration the results of my own observation, extended over a wide district of country and a large number of years.

My colleague, Professor Palmer, will review such elementary subjects, as may be found necessary in the course of the term, besides giving special attention to the clinical cases in the order they chance to be presented, including their literature as well as the practical considerations immediately involved, beginning with diseases of the chest.

Our meeting here to-day, we trust, will constitute an epoch in the history of the Medical Department of the University of Michigan. From this humble beginning, we date the commencement of legitimate clinical instruction in the University. And we take pride, on this public occasion, of imputing to the Board of Regents, the honor of having taken the first step, by feeble instrumentalities it is true, towards the restoration in its primitive form, of the Hippocratic method of teaching practical medicine in the United States.

In the execution of the trust confided to us, we shall like our great exemplar carry our pupils to the bed-side of the sick. We shall require those who are sufficiently instructed there, with book and pen in hand, to observe the physiognomy of disease, to study the relation which the sensation of the patient, the internal physical signs and the external phenomena bear to the pathology of his case, and endeavor to teach him that medicine is a department of experimental philosophy, best studied by the aid of an inductive logic. By these means, we hope to demonstrate to him the paramount value of practical over dogmatic instruction.

We shall keep in mind the fact that clinical medicine is not itself a science, but the art of applying pre-acquired sciences, so as to make them instrumental in searching out the etiology of a disease, in establishing its diagnosis, in pointing out the nature and extent of the pathological changes, and from the results thus obtained, in constructing a rational system of therapeutics for its removal. We shall also inculcate the doctrine that anatomy, in its comprehensive signification, physiology, both elementary and as applied to pathology,



chemistry in its extended relations, and botany as embracing *materia medica*, constitute the armour of the physician, with which his magazine should be filled, before he commences his warfare upon disease.

Instead then of dwelling specially upon these elementary subjects, we shall presume that the student has his memory already well stored with elementary principles and his mind fitted by preparatory discipline to seize upon the facts presented to his observation, to express by formulæ of his own construction his views of the diagnosis and to record the judgments he may have formed of the means that should be adopted to restore normal action and to remove organic obstruction, if that should already have taken place.

Whilst we meet here from day to day, to study the consequences in the cases before us, of violations done to natural law, or the principles of Hygiene appointed for the preservation of our physical well being, and to inquire into the means best adapted to obviate the effects of that form of disobedience, we must keep in mind one important fact, which is, that the hospital is an institution of christianity, originating in that manifestation of mercy which proclaimed peace on earth and good will towards men. That the inmates who are brought here by want, whether it originate in misfortune, or improvidence, or in vice, being possessed of the infirmities of our common nature, are, like ourselves, the subjects of temptation, and being born of a common parent, become inheritors of that curse which has passed upon all men. Being sufferers, they have a claim to our sympathy, being in want, they make a demand upon our munificence, and being fellow sinners, there arises thence a demand for the interposition of such instrumentalities as providence may have placed at our command for their restoration, even to the kindling of that hope which prolongs the present existence, and gives promise of the life eternal.

It will be then our duty, at the same time, that we procure for you free access to this house, to see that the sick receive no harm at your hands, either through imprudent manipulation, or by such conversation in their presence, as will awaken painful, perturbing or prostrating emotional excitement.

To secure these ends, and at the same time to promote your advancement, for we deem the observance of these conditions as essential for the one purpose as the other, the following suggestions are made for our mutual guidance.

The students will be divided into sections, if found necessary, for the convenience of the most thorough instruction; and will be ar-

ranged in the particular wards of the house, as may be found most to their advantage.

The students will be required to study with care all the cases brought specially under their notice, and to make records of their history and all the points to be observed, as will be stated in the introductory lectures of the associate clinical instructor. The authors to be read in connection with the case, will be pointed out by the instructor.

When there are cases of more general interest, and the attendant circumstances admit of it, the class will be assembled to examine it, under the direction of the Professor, or they will be allowed to do so in turn, individually.

The regular hour for visiting the hospital will be 10 o'clock A. M., each day of the week, excepting Sunday and the exceptional times, being, where it becomes necessary for a student or students to do so, in order to perfect the clinical record of cases assigned to him or them.

Besides the exercises in the wards of the hospital, the class will be met in the lecture room for the purpose of listening to more didactic lectures, on Mondays, Wednesdays, Thursdays and Fridays; and for examinations and reviews of the cases which have been studied, on Tuesdays and Saturdays, at such hours as shall be found most convenient.

At the close of the term, certificates of attendance will be issued to those entitled by their assiduity to receive them.

---

ACETATE OF LEAD IN STICKS.—At the suggestion of Dr. Cogley, of Madison, Ind., Mr. John A. Childs has prepared acetate of lead moulded into sticks. Mr. Childs, in a letter to the *Western Lancet*, describes its method of preparing it as follows: Take two thin plates of lead, and place them in shallow vessels, filled with distilled vinegar, in such a manner as to have a part of each plate rising above the vinegar; these are turned occasionally, so as to bring different portions of the metallic surface in contact with the air. The metal, after becoming protoxidized, dissolves in the vinegar, to saturation, and the solution is then evaporated to the point of crystallization. Take of these crystals, thus formed, and reduced to the finest powder, three drachms; alcohol 96 per cent. one drachm. Dissolve this powder in the alcohol by the aid of a slight heat, then place in moulds, and allow to cool.—*Med. and Surg. Reporter.*



## SELECTIONS.

## THE "HOTEL ENDEMIC" AT WASHINGTON.

From the Virginia Medical Journal.

We have refrained from any remarks upon the sickness which prevailed at the National Hotel in Washington, during January and February last, while without other data respecting it than the vague and unauthenticated statements of newspapers. The official investigations, which have since been instituted, enable us to place on record the plain facts of the case. These, as they were elicited by a committee of the board of health, are concisely stated in a letter, published in another portion of the Journal, from the pen of the professor of anatomy in the Washington medical college.

The greater number of those persons who were attacked with the "hotel sickness," were attended by Drs. Boyle and Hall. We reproduce in full the testimony of the latter before the board of health. The opinion of its learned, sagacious, and experienced author will have great weight with medical men, though it may not satisfy an excited public sentiment, which prefers to view the hotel calamity as a new Guy Fawke's plot, rather than a solemn lesson that hygienic laws cannot be violated with impunity:

*Testimony of Dr. James C. Hall.*—I am a practicing physician in the city of Washington. I saw one of the first cases of the disease that recently made its appearance in the National Hotel. The patient occupied a room in the fourth story, and was affected with diarrhoea, loss of appetite, and irritable stomach. This was in the latter part of January. About the first of February was called to see other cases, the weather at that time being extremely cold. Usually the disease would make its first appearance in the morning, the patient having retired at night apparently well. Profuse operations, always presenting the same appearance,....and of a frothy or yeasty appearance, accompanied with much flatus. If the diarrhoea were checked by opiates or astringents, vomiting supervened, and if the vomiting ceased the purging returned. There was some pain, but not that characteristic of inflammation; rather that caused by distension from flatus. In some protracted cases there was pain upon pressure, but not the pain of acute inflammation. There was a great thirst and a desire for acid drinks. Sometimes there were cramps, but no enteritis. Farinaceous diet was the best. The stools did not present the appearance of metallic poisoning. I have seen repeated attacks of dysentery and cholera in houses, attributed to filth, but they did not present the same appearances as this disease.

I do not believe that the disease at the National Hotel was caused by metallic poisoning. Poisoning by a metallic substance acts as a local irritant, causing pain, tormina, tenesmus.....not a profuse diarrhoea, and the disease proceeds steadily either to terminate favorably or fatally. I believe that the cause of the disease that has pre-

vailed at the National Hotel is a blood poison taken into the system through the medium of the lungs; that is a miasm pervading the atmosphere of the hotel. It may possibly also have been absorbed by the food from the atmosphere. I think that closing the sewer at the corner of Pennsylvania avenue and Sixth street causes the noxious air contained in the sewer to pass into the hotel and disseminate itself throughout the whole house. The heating apparatus is so constructed as to assist in disseminating the vitiated air of the cellars throughout the house. The room immediately above the heater is particularly offensive. There is a flight of stairs coming directly up from the wash room, and the steam and vapor arising therein cause a current of heated air to ascend the stairway, which also causes the effluvia to be distributed throughout the house. During the mild weather in Feb., the disease entirely ceased for two weeks, the house being well ventilated by the windows remaining open; but when the cold weather returned and the house was closely shut, the disease again made its appearance more violently than before. I drank freely of the water used in the hotel, and it produced no disagreeable effects. I have seen a person who frequented the barber's shop connected with the hotel, although not a boarder in the house, attacked with the disease; and persons who frequented the house have been affected in the same manner as the boarders, but the disease was not as violent. Persons remaining in the house after having become ill were no worse than those who removed from the house after having been attacked. I attribute the disease to a poisonous miasm. I have had no case that terminated fatally . . . . . I have had altogether thirty or forty cases. I have no patient in the house at the present time. The disease usually returns after being checked for a few days, and these relapses are frequent. I have seen persons accidentally or purposely poisoned by corrosive sublimate, acetate of copper, arsenic, lead, and oxalic acid, and also by arsenic administered as a medicine, but in no case have the symptoms resembled those of the diarrhœa now under consideration.

I beg leave to append the following quotation from Christison on Poisons, Philadelphia edition, page 621 :

"In August 1831, twenty-two boys living at a boarding school at Clapham were seized in the course of three or four hours with alarming symptoms of violent irritation of the stomach and bowels, subsultus of the muscles of the arms, and excessive prostration of strength. \* \* \* A suspicion of accidental poisoning having naturally arisen, the various utensils and articles of food used by the family were examined without success; and the only circumstances which appeared to explain the accident was that two days before the first child took ill a foul cesspool had been opened, and the materials diffused over a garden adjoining to the children's playground. This was considered a sufficient cause of the disease by Dr. Spurgin and Messrs. Angers and Saunders of Clapham, as well as by Drs. Latham and Chambers and Mr. Pearson of London, who personally examined the whole particulars. Their explanation may be the only rational account that can be given of the matter. But, as no detail of their chemical en-



quiries was ever published, their opinion cannot be received with confidence by the medical jurist and the physician, since it is not supported, so far as I am aware, by any previous account of the effects of hydro-sulphuric acid gas."

Christison also says, at page 491, "Another affection, sometimes brought on by putrid exhalations, is violent diarrhœa or dysentery;" and refers to the case of a well known French physician, who from such exposure, was seized with giddiness, nausea, tendency to vomit, violent colic, with profuse diarrhœa.

At a meeting of the New York academy of medicine, May 6th, Dr. Wynne of Baltimore, being introduced by Dr. Valentine Mott, detailed the facts of the hotel endemic, and referred its cause to the effluvia arising from the ill constructed sewer. He cited several examples of identical diseases produced by similar noxious exhalations.

He stated that Dr. C. T. Jackson of Boston, who was at Washington during the prevalence of the disease, very justly remarks that "no chemical or reliable medical evidence has yet been adduced to prove that any one of the persons who were sick with the disease had taken poison of any kind into their stomachs." Now the question arises, can disease, presenting the characteristics of the one just described, be produced by putrid exhalations arising from deficient ventilation? If so, without the adduction of new evidence, the endemic must be attributed to this cause.

Doctor, afterwards Sir John Pringle, the president of the Royal society, than whom no man of his day was a more acute observer, in his observations on the diseases of the English troops in Flanders, says that whenever the marsh, near which the army was stationed, was foul with animal impurities, the soldiers were invariably seized with bowel irritation, amounting even to dysentery. This observation, made by this distinguished army surgeon, has been corroborated by the experience of every one having the medical care of bodies of garrisoned or field troops since his day. The experience of our own army in Florida, and more recently in Mexico, shows the great prevalence and malignity of bowel affections among those who are subjected to putrid exhalations. Nor is this confined to those who are confined to the wretched quarters of the soldiers of an army in the time of war, or to the ill ventilated apartments of the more wretched in populous towns, but often invades the luxurious dwellings of the more opulent classes.

Dr. Rigby, in his evidence before the health of towns commission, says that he has often been enabled to detect, by the sense of smell, the poisonous exhalations from sewers in the more fashionable parts of London. He considers the sense of smell as very important to a physician. A crafty nurse, says he, may hide much from the eye, but she can conceal but little from the nose of a medical man who is at all experienced in these matters. He is clear in attributing an attack of puerperal fever which seized the inmates of the Lying-in hospital under his charge, to defective sewerage and ventilation. Dr. Dray, of King's college, is equally positive in tracing consumption to the same

cause, and Dr. Southwood Smith bears ample testimony of its power to produce fever.

There are instances in which the attacks from this cause assume each one or the other of these forms, and others in which two or more are conjoined. This was especially the case in the Croydon epidemic which occurred in 1852. Mr. Granger, who was sent by the board of health to investigate the cause of the outbreak, and who, among other like causes, attributed the epidemic to the effluvia which escaped from the gully-holes of the old sewers, says: Besides the attacks of fever, there was a large amount of diarrhœa. Mr. Thompson had fifty cases in his practice, all evidently attributable to and forming a part of the epidemic. In the Croydon epidemic, a leading characteristic of all the cases of fevers was diarrhœa, and Dr. Granger says that, in this outbreak, gastric disturbance, traceable to putrid effluvia, was uniformly present.

We conclude this subject, for the present, by publishing a circular of the committee of the Washington board of health. It is to be hoped that it will receive an adequate response from those physicians on whose authority the hotel sickness has been ascribed to "metallic poisoning."

The undersigned have been appointed a committee by the board of health of Washington to communicate with residents of this city and persons elsewhere, in order to procure, if possible, further authenticated information in regard to the malady which recently prevailed at and was known as the "endemic of the National hotel." No fatal cases have occurred in this community; but, as vague and unauthenticated statements have reached us that persons have died elsewhere from this cause, we take this as the only sure mode of calling upon physicians and persons abroad to favor us with statements of the names and residences of the persons who thus have died. We desire to obtain a description of the course and symptoms of their disease; the opinion formed as to its origin and the reasons therefor; the treatment adopted in the cases, and the results of the postmortem examinations or chemical analyses of the dejections from the sick, if any such were made. As the guests of that hotel are wide cast over the land, it is impossible for us to obtain the names and residences of their physicians, and must therefore appeal to them through the public press for the information desired. Their prompt attention (by letter to the committee) will confer a great favor upon the board of health and this community, and perhaps be of great service in promoting the cause of public health and medical science.

Papers friendly to the above objects will confer a favor on the board of health by publishing this card.

ROBERT KING STONE, M. D.

JAMES E. MORGAN, M. D.

*Com. Board Health.*

WASHINGTON, MAY 7, 1857.



## ON THE MEDICINAL EFFECTS OF AMMONIA AND ITS PREPARATIONS.


Dr. Ogier Ward read a paper on this subject before the Medical Society of London (Jan. 24, 1857). Ammonia has never been considered to be a normal constituent of the blood, as its presence has not been detected except after death in cases of typhus, cholera, melæna, and other diseases of a putrid character, until Dr. Richardson's recent discovery that healthy blood owes its fluidity to the presence of ammonia, which is given off during its coagulation, which process may be arrested, and the fibrin re-dissolved, by the restoration of the alkali. An interesting inquiry here suggests itself; how does the ammonia escape from the body during the coagulation of the blood, and how is it retained in those instances in which the blood remains fluid after death? Assuming the truth of Dr. Richardson's views, the author examined and compared the therapeutic effects of the various preparations of ammonia; and he has found that, whether applied externally or taken inwardly, they possess in common the property of dissolving the proteine elements of the blood, whether in the vessels or effused into the tissues; and thus confirm the experiments of Dr. Richardson. This similarity in the effect of ammoniacal medicines is owing to their ready decomposition, the ammonia being separated, and forming the chief curative agent, though it is aided by the other substances originally combined with it. Thus its stimulant and solvent action is similar in kind, if not in degree, when used either externally or inwardly in the form of gas, liquor ammonia, or combined with carbonic acid &c. From the utility of these preparations in the treatment of venomous bites and stings, inflammatory swellings, diphtheritis, croup, &c., we may suppose that they will be equally efficacious in urticaria, erythema nodosum, and erysipelas, in which there is an effusion of the fibrinous elements of the blood. In these and other inflammatory diseases and conditions, it is probable that the ammonia is carried out of the system in the form of urea or lithate of ammonia contemporaneously with the increase of fibrine in the blood; and that the benefit of the salts of ammonia in such cases is owing to their preventing or removing the effusion of fibrin from the inflamed parts. In this way, although the primary action of ammonia is stimulant, its remote effects are sedative or debilitant, as it not only arrests inflammatory action, but, by its resolvent and secernent power, carries the products of inflammation out of the system, and hence its utility in all active febrile complaints. Is it to this attenuating property that its use as an antidote to drunkenness and to the stupor of opium is to be ascribed. Its stimulant powers are of use in poisoning by hydrocyanic acid, in the cold stage of ague, and in the retrocession of gout, rheumatism, and the exanthemata, as well as in syncope, hysteria, epilepsy, and convulsions. The hydrochlorate, which is the least easily decomposed is probably the most useful of the salts of ammonia, as it not only possesses the stimulant, resolvent, secernent properties of the others, but owing to its combination with chlorine, is endued with tonic powers, by which its prolonged use, unlike

that of the other preparations, is attended with invigorating effects both to mind and body; and thus it forms an excellent substitute for mercury in cases where this medicine is inadmissible from its tendency to produce cachexia.—*Lancet*, Feb. 7, 1857.

---

## EDITORIAL AND BOOK NOTICES.

---

 The present number commences the fifth volume of the *Peninsular Journal of Medicine and the Collateral Sciences*; and on the occasion we have a few words to say to its readers and patrons. Concerning the past, we have most to regret that so much of our time and space have been occupied with controversial matters having so little bearing upon medical science. We have been almost unconsciously, at least without deliberate design, led into these personal discussions, and for the most part, if not entirely, have acted, in self defence. We are quite determined that hereafter no temptation shall induce us to step aside in this manner from our great object, which is, to diffuse knowledge on the subject of our profession and the immediately collateral branches of science.

One of our number, who has hitherto been residing in another state,—absent from the place of publication and the files of exchanges,—not seeing many of the books which have required to be noticed, besides being much engaged in other labors, and for these reasons having been able to afford but slight assistance in the general management of the *Journal*, is now a resident of Detroit, and will give more of his time and attention to the editorial duties than any one of us has hitherto been in circumstances to bestow upon them.

Special pains will be taken to give the *Journal* a more decidedly practical character. The whole range of American, and much of European medical periodical literature will be studied, and condensed statements of the more important discoveries and suggestions which they contain will be made. We would call attention to the increase in the miscellaneous department of the present number as an imperfect specimen of what we hope in this way to accomplish.

We have now a considerable amount of original matter from correspondents and collaborators on hand, and have the promise of much more; and among this will be monthly letters from the pen of one residing in Chicago, well known to our readers.




We intend also to insert in each number a short clinical lecture on some practical subject, as delivered in the hospitals of the city before the clinical class of the University of Michigan. These we hope will not be without interest to the mass of our readers, and especially to the younger practitioners.


The more important cases occurring in St. Mary's and the United States Marine Hospitals will be briefly reported, as we may judge them of interest, and as our space will permit.

Conscious of imperfections, we are still desirous of making every possible improvement, and as we become aware of the wants of our readers, we shall endeavor to supply them to the best of our ability. Thankful for past favors, we ask of our friends their continued co-operation and support.

---

 We commence in this number the publication of an article which will occupy some little space in several succeeding numbers of the Journal. The article is from the pen of Dr. N. D. Stebbins, and he has, as our readers will see, carefully collated and compared whatever there is of medical literature in the pages of the Bible; seeking from thence and other sources, the interpretation and application of the moral law in regard to medical theories and practice. The conception of the subject and the mode of treating it, certainly have the merit of originality, and this itself, aside from the intrinsic interest of the subject, would justify the disposal of more space to it than is usually occupied by single original communications, particularly as this is a merit which does not too commonly pertain to much of our periodical medical literature at the present day.

---

 The June number of our neighbor, *The Medical Independent*, is out under new auspices. It seems to have exfoliated what has hitherto been its most showy covering—the “Fellow of the Linnean Society,” and “Microscopy.” The “links” are broken off; the name of the former senior editor no-where appears, not even among the “collaborators,” and with him is dropped the extremity of its title “Journal of Microscopical Science.” Besides these changes, in the place of Edward Kane, M. D., the name of Moses Gunn, M. D., is substituted.

The new senior editor in his salutatory, after speaking of the misunderstanding among medical men, says: “Entertaining these views, and perhaps, not deploring controversy as deeply as some of my medical brethren, I shall, notwithstanding, strive to avoid its

tumult. I shall not be the aggressor in personalities, but will manifest, should occasion require, even a laudable forbearance in this respect, and trust that the hand thus fraternally extended may meet with a response, prompted by fraternal hearts."

So far as the senior editor is concerned, and so far as this spirit is, and continues to be manifested, it does, and will continue to meet with a corresponding response from us. The *junior* editor however states that "it is not proposed to make any radical change in the position and general policy which has been maintained." This we regret to hear, but still hope that whatever is "proposed," the general policy of the journal, particularly so far as individual and personal matters are concerned, *will* be radically changed. We shall expect that hereafter private letters, involving delicate personal affairs, will not be published in its columns without the consent of the writer, and that a proper regard for the common proprieties and amenities of life will be observed.


We still have great confidence in assuring our readers that between this Journal and the *Independent* there will be no further unfriendly controversy. With its senior editor, we think, there will be no occasion for such controversy, and as to its junior, we have already in the May number indicated our course. In the determination there expressed, we are strengthened by the opinions of many, in whose sense of propriety we have the utmost confidence.

May we not hope then, that in our columns the cessation of hostilities has come? And further that out of our columns, in all of our relations, through agents or otherwise, no measures will be resorted to which truth and honor will not approve?

---

DR. PEABODY.—We see by the papers that Dr. Peabody of China has met with a severe accident, having fallen upon the door step, and broken both bones of one leg. The *Republican* states that the broken ends of each protruded through the flesh.

---

 We extract the following item from the Proceedings of the last Annual Commencement of the Collegiate Department of the University of Nashville.

"The honorary degree of Master of Arts was conferred upon A. B. Palmer, M. D., Professor of Materia Medica in the University of Michigan."

We doubt not that this honor will be peculiarly gratifying to Prof. Palmer, conferred by an institution holding the rank that the Univer-



sity of Nashville does among those of our country. But still it can scarcely be more gratifying to the recipient than to his hosts of ardent friends.

E. P. C.

---

AN ADDRESS ON THE LIFE AND CHARACTER OF R. M. PORTER, M. D., late Professor of Anatomy in the University of Nashville. By J. BERRIAN LINDSLEY, M. D., Chancellor of the University. Delivered at Nashville, Nov. 8th, 1856. Published by the Class.

The above is the title of a beautifully printed pamphlet which is on our table, and is a noble tribute to the character and memory of Prof. Porter, who "ceased to live, after an illness of six weeks, on the 1st of July, 1856."

From the account of Dr. Porter given in the address, as well as from what we have learned of him from other sources, he was no common man, and a brief sketch of his history may not be without interest.

He was born, and received his school and college education at Nashville. After graduating as Bachelor of Arts in October 1836, he entered the Law School at Cambridge, Mass., and after two years, graduated as Bachelor of Laws. Pursuing his legal studies another year, and as he was about to enter upon the practice of his profession, he was married under circumstances promising the greatest happiness, which however was fulfilled only for a brief space; as the choice of his youth lived but a few months after their union.

His hopes and plans of life being "thus rudely broken in upon by the hand of death, inclined him to seek retirement from the world, and taught him a severe, but doubtless a salutary lesson, on the vanity of all human expectations." His attention was turned to religious pursuits, and he soon after became a student in the Theological Seminary at Princeton, N. J., where he completed the entire theological course to the satisfaction of his professors, standing high in his class.

Becoming convinced that his true sphere of life was in the medical profession, instead of applying for a licence to preach, he commenced the study of medicine, and in due time graduated in the Medical Department of the University of Pennsylvania, and immediately set out to further pursue his studies in Europe.

After nearly three years spent abroad, he returned to Nashville, and commenced in his native place the practice of medicine. His rare native qualities, developed and improved by a long course of different studies and a varied experience, procured him business, and the Chair

of Anatomy, on the establishment of the Medical Department of the University of Nashville.

Dr. Porter is represented as a man though not fluent in speech or brilliant in style, yet whose profoundness, accuracy and faithfulness commanded for him respect and confidence as a teacher; and his many amiable qualities, his kindness, benevolence, honor, sincerity and weight of character won the love, the admiration, and the differential regards of his classes.

On the importance of other than lecturing capacities in a teacher, we cannot refrain from quoting a paragraph of Dr. Lindsley's address, coinciding, as we do, so fully in the sentiment it contains.

"In addition to mere teaching by lecture or recitation, there is still a higher function fulfilled by a teacher towards his class, which unhappily is too little regarded, indeed, is generally overlooked, and yet cannot, from its very nature, remain unaccomplished, but must be either well or ill performed. Every one who stands to a class in the capacity of an instructor, imparts to that class something of his own spirit and character. This is a great fact, and holds true whether the class is composed of a single individual, or of hundreds; whether its members are children, youth, or grown-up men and women; whether the subjects taught are of a material or intellectual nature, of a professional, political, or religious character. This, which has not inaptly been termed unconscious tuition, is outside of the matter taught, and arises altogether from the relation inseparable between teacher and pupil, by which mind is brought in contact with mind, and quietly, imperceptibly, unwittingly, but infallibly, influenced by that contact. Upon this fact depends a chief responsibility resting upon all who in any way undertake the great work of teaching. The divine may preach most scriptural truth, charity, faith, hope; but if he is a narrow-minded, prejudiced man, though his sermons are free from bigotry, his people will yet become bigots. The political orator may declaim eloquently of patriotism, of truth and justice: if truly honest and sincere, and in earnest, his efforts on the rostrum will produce a highly useful and elevating effect upon the thousands who hear him. If, on the other hand, he is a mere pretender, whose great aim is office, then do his harangues merely train up heated partisans, and set to work unholy strife and contention. These are familiar illustrations, which might be readily multiplied from the primary school upward; and the more we multiply them, the more will we be satisfied of the truth, that mere knowledge of his branch, and aptness to communicate that knowledge, is, by all odds, the least important half of a teacher's qualifications for his work, instead of being all, as is too commonly imagined. In the dignity and weight and influence of this unconscious tuition Dr. Porter was pre-eminently happy, and its effect was seen in a marked manner upon the class every winter.



We would be glad to make other extracts from the excellent address before us, but for want of space must forbear.

Dr. P. was cut off in the midst of his usefulness, and while yet a comparatively young man, a martyr to his professional pursuits.

His medical attendant, Dr. Jennings, expresses the opinion that his disease was induced by the effluvia of a subject used in an anatomical demonstration to his students. Though raised by wealth above the necessity of exertion, his love for his profession prompted the sacrifice.

He has left a wife and child, a large circle of friends, and a whole community to mourn his loss. His memory will be honored.

A. B. P.

---

## MISCELLANEOUS.

---

MEETING OF A QUARANTINE CONVENTION AT PHILADELPHIA.—On May 13th, 1857, a Quarantine Convention met in the Supreme Court room, Philadelphia, consisting of seventy-five delegates from nine different states of the Union, and was permanently organized by the election of Dr. Wilson Jewell, of Phil., President, Dr. E. H. Barton, of New Orleans, and Hon. Alex. H. Rice, Mayor of Boston, Vice Presidents, Dr. Edward Hartshorn, of Phila., and Homer Franklin, Esq. of New York, Secretaries.

This convention was called and established for the purpose of adopting a uniform system of Quarantine Regulations based upon the most enlightened and correct scientific principles; and there can be no doubt that such a convention, for such an object was imperatively demanded. This body was in session three days, its discussions seemed to be spiritedly and ably conducted, and its ultimate conclusions arrived at with a large degree of unanimity.

A business committee was appointed, consisting of Dr. Askew, of Del., Dr. Kemps, of Md., Dr. Barton, of La., Dr. Condie, of Pa., Dr. Haywood, of Mass., Dr. Parsons, of R. I., Dr. Selten, of Va., and Messrs. Homer Franklin, of N. Y., and John H. Diehl, of Phila., who presented a series of propositions to the convention, which, after full discussion and various amendments by the body, were adopted as given below. We highly approve in the main of these propositions, and particularly of those which are of a practical character.

We would like to modify the third proposition somewhat before unequivocally endorsing it, but the view it presents can lead to no practical error, and we shall not stop even to intimate the modification we should make. Farther experience may teach the necessity of amending some of the principles laid down, but at present they may be regarded as the general expression of the opinions of those who have given most attention to the subject, and should command respect accordingly.

*Whereas* great interest has been awakened in the questions pertaining to commercial intercourse among the nations of the earth, and to the close relations, under some circumstances, of the health of communities to the regulations which affect this intercommunication; and inasmuch as there is great diversity and irregularity in the rigor of enactment which characterizes the legislation of different bodies upon this subject; therefore be it

*Resolved*, That it is expedient that the system of Quarantine Regulations be revised, and that correct principles, as far as scientific research and observation have developed them, should be the basis of future enactments, to the end that a uniform code, as far as practicable, may be secured in all our ports.

*Resolved*, That the following propositions be regarded as the sentiment of this convention:—

1. There are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

2. These diseases are smallpox, and under certain circumstances typhus fever, cholera and yellow fever.

3. When the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic or endemic, unless there exist in the community the circumstances which are calculated to produce such disease independent of the importation.

4. That the circumstances alluded to, consist in vitiated states of the atmosphere, from local causes, in connection with peculiar meteorological conditions.

5. Efficient sanitary measures, including quarantine, will in most cases prevent the introduction of these diseases, and may at any rate disarm them of their virulence, and prevent their extension, when introduced.

6. The present quarantine regulations, in operation in most of our states, are inefficient, and often prejudicial to the interests of the community.

7. Disease may be introduced; 1st, by a foul vessel, especially when proper measures are not taken to keep the hold free from stagnant and putrid bilge-water; and more particularly when there exist in the hold droppings or drainage from putrefiable matters which are allowed to penetrate and remain between the timbers of the ship.  
2d. By cargoes consisting in whole or in part of rags, cotton or like



porous substances, shipped from ports at which any malignant epidemic or endemic disease of a contagious or infectious character prevailed at the time when the vessel was loaded. 3d. By the filthy bedding, baggage, and clothing of immigrant passengers, particularly when these are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease. 4th. By the air that has been confined during the voyage in closely sealed and ill-ventilated holds. 5th. By squalid and diseased passengers landed and crowded together in unhealthy neighborhoods, or in small and ill-ventilated dwellings. 6th. By passengers and crews, who are actually labouring under, or infected with any positively contagious disease, their bedding, clothing, and baggage.

8. To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing a system by which all parts of a vessel may be ventilated during a voyage; and for the careful inspection of all vessels immediately upon their arrival, and before they are allowed to come up to the wharves of a city, for the landing of their passengers and discharge of their cargoes. No vessel, arriving between the 1st of May and the 1st of November, should, in fact, be admitted, to a port, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed.

9. Provision should be made for the immediate landing of all those portions of the cargo of a vessel, and the baggage and clothing that may be judged capable of generating or communicating disease, and for their proper purification, at such places and under such regulations as shall preclude all danger of their exerting a morbid influence, either immediately, or upon their subsequent admission into the city.

10. Provision should be made also for the immediate landing of all such persons from on board of vessels as they arrive, and their due and comfortable accommodation and treatment, until such time as they can be taken charge of, and properly cared for by their friends.

11. In the case of a ship-load of squalid passengers, or those strongly predisposed to disease, their clothing, beds, and other effects, should be at once subjected to a thorough ventilation and purification; and, upon their landing, adequate measures should be adopted to prevent them from crowding together in confined, unhealthy, and ill-ventilated dwellings and localities.

12. When a vessel arrives in a particularly foul condition, or on board of which disease has prevailed during the voyage, after her crew and passengers have been removed from her, she should be subjected to a thorough process of cleansing and purification, for which purpose it may be necessary to discharge her cargo at a safe distance from the city, and to allow only such portions of it to be conveyed there as are incapable of creating disease, the residue being subject to ventilation in such a manner as shall prevent it from suffering damage and all unavoidable deterioration.

13. The carrying out of these provisions should be intrusted to a

single officer, with such assistants as may be required to facilitate him in the execution of his functions.

14. This officer should be a regular physician, of unquestionable talents and experience, and possessed of great decision and rectitude of character.

15. His compensation should be sufficiently ample to enable him to devote his entire attention and energies, throughout the year, to the duties of his office.

16. While the power of removing him for incompetency, neglect, or other adequate cause, should be vested in some competent tribunal, his appointment should be based solely upon his capacity to fulfil satisfactorily his incumbent duties, and his continuance in office made dependent upon his faithful and skilful discharge of those duties.

17. To this officer should be intrusted the sole and entire decision, under certain general provisions established by law, as to the treatment required in the case of each vessel that shall arrive, and of its cargo, crew, and passengers, and to place it and these in a condition to prevent any danger of the introduction by them of disease, he, at the same time, being held to a strict accountability for the manner in which the discretionary power thus confided to him, is executed.

18. As in every community a Board of Health is necessary to watch over its sanitary condition, and to prevent or remove all domestic sources of disease, this body would appear to be the one in which the power of appointing, and the general supervision of the official conduct of the Quarantine Physician may, with the greatest propriety, be invested.

19. In order to procure a uniformity in quarantine regulations throughout the several ports of the United States, the assembling of another, and probably several conventions similar to the present one, will be required.

20. To provide for the assembling of such a convention in 1858, it is suggested that the President, Vice-Presidents, and Secretaries of this Convention, with a committee of one member from each State represented, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a convention next year; provided, however, that their powers shall cease immediately upon the assembling and organization of the convention of 1858.

21. A thorough examination should be made of all immigrants on their arrival, and if they are not protected against smallpox, they should be vaccinated.

22. We recommend that there should be attached to our Board of Health and Quarantine establishments stations for minute meteorological observations and vaccine establishments; and that records of these be published at stated periods for the public benefit.

23. We advise the introduction of increased comforts for seamen and passengers, and the ventilation and purification of vessels by a more effectual method.



The next meeting is to convene in Baltimore, at the call of the President. The following resolutions, constituting all of material importance, were also adopted :

*Resolved*, That each municipal body represented in this Convention be recommended to appoint one or more capable persons to keep a record of the invasion or origin and progress of future epidemics that may from time to time visit them, and return a copy of the same to this Convention.

*Resolved*—1. That, in addition to the usual quarantine establishments, this Convention recommends the introduction of efficient means for removing all persons of limited means from infection, and for preventing the ingress of immigrants and other unseasoned people into ports and cities labouring at the time under pestilential diseases.

2. That in all cases where rumours and unauthorized reports indicate certain ports or cities as the seats of epidemic and pestilential diseases of the nature provided against, no such reports shall be the basis for action elsewhere, unless sustained by an official declaration of the Boards of Health, or other properly constituted authorities.

3. That all such Boards of Health and other public authorities shall be obligated to declare the existence of invasions of yellow fever and cholera, in their epidemic forms, as they may from time to time make their appearance in the localities under their control.

*Resolved*, That we recommend the adoption of a complete, accurate and uniform system of registration of births and deaths in all our cities, as a necessary accompaniment of efficient sanitary measures.

We rejoice at these evidences of interest manifested in this department of the great subject of Hygiene; believing that no subject more important can occupy the attention of Philosophers and Philanthropists.

---

NORTH-EAST DISTRICT MEDICAL ASSOCIATION.—The *Romeo Argus* has the proceedings of this body in full. We give all the material facts that transpired.

The Association met in Port Huron on the 10th inst. ; Dr. Stockwell in the chair, Dr. Knight Secretary.

Drs. Traverse, Tucker and Wilson of Port Huron, and G. W. Cornell of St. Clair were received as new members.

The Secretary was directed to correspond with the Standing Committees and ascertain whether they have prepared reports upon the subjects assigned them or not, and report at the next meeting.

Dr. Knight, a committee appointed to report upon the Surgical Practice, made a report upon the same, which was accepted and adopted.

Dr. Andrews, a committee to report upon meteorological observations, made a very interesting report upon the same, which was accepted and adopted.

Dr. Andrews read from an ancient pamphlet, published by Dr.

Moses Willard, of Albany, New York, an interesting account of remitting fever as it occurred epidemically in that city in the year 1809.

On motion, the matter of Dr. Buffum was laid on the table until the next meeting.

Drs. Stockwell, Andrews, Travers, Brownell, Reed, Cornell and Knight made reports upon some very interesting features of diseases which have appeared in their several localities during the year.

On motion of Dr. Wilson,

*Resolved*, That a committee be appointed to prepare a system of meteorological observation and record of disease throughout the district, in such manner, that, as far as possible, a knowledge of the influence of meteorological phenomena upon health may be developed. This resolution was adopted.

Drs. Andrews, Stockwell, Wilson and Knight were appointed said committee.

On motion, the Association proceeded to elect delegates to attend the State Annual Association to be held at Detroit in January next. The following persons were elected:


Drs. Cornell and Travers, of St. Clair county.

“ Knight and Chapman, of Macomb “

“ Smith and Wilson, of Oakland “

“ Stone and Kinney, of Lapeer “

On motion, the Association adjourned to meet at Utica, on the last Wednesday of January next.—*Detroit Tribune*.

 We cut the following from a secular paper published at Prescott, Wisconsin.

“The next case of interest in the Circuit Court was a prosecution against one of the physicians of this city for mal-practice. After hearing the plaintiffs evidence, Judge Fuller granted a non suit, remarking, ‘so far was it from making out any case against the physician in question,’ this evidence itself rather sustained him. The suit was brought in ignorance against one of the most skillful, careful physicians in the Northwest.”

We happen to have been informed about this case somewhat particularly, having an intimate acquaintance with the physician in question. The patient, an ignorant man, was excited to the prosecution by a Homœopath who saw the case, (one of minor surgery) after it was dismissed by the attending practitioner.

The mean malignity of the unprincipled quack has received from the court a fitting rebuke. If the miserable instigators of the prosecution had been condemned to pay the costs, and be drummed out of town, justice would have been more completely satisfied. We cheerfully endorse the testimony to the carefulness and skill of the physician, who was so promptly exonerated on the testimony of his accusers.



✎ Although we published some months ago Dr. Marshall Hall's "ready method" in the management of asphyxia from drowning, we deem it proper to insert again the instructions in a more condensed and inan emended form. We deem them important to be understood, and advise our readers to make themselves perfectly familiar with the process by going through the manipulations on some well persons.

The same maneuvers are applicable to children apparently still born, and, indeed, to all cases of suspended respiration where there is the slightest hope of restoring life. The testimony is accumulating in favor of the success of this method. The following are DR. MARSHALL HALL'S INSTRUCTIONS:

1. Treat the patient INSTANTLY, ON THE SPOT, IN THE OPEN AIR, EXPOSING the face and chest to the BREEZE (except in severe weather).

#### I.—TO CLEAR THE THROAT—

2. Place the patient gently on the face, with one wrist under the forehead;

*[all fluids and the tongue itself then fall forwards, leaving the entrance into the windpipe FREE.]*

If there be breathing—wait and WATCH; if not, or if it FAIL,—

#### II.—TO EXCITE RESPIRATION—

3. Turn the patient well and INSTANTLY on his side, and—

4. Excite the nostrils with snuff, or the throat with a feather, &c., and dash cold water on the face previously rubbed warm.

If there be no success, LOSE NOT A MOMENT, but INSTANTLY—

#### III.—TO IMITATE RESPIRATION—

5. Replace the patient on his face, RAISING and supporting the chest WELL, on the foaldded coat or other article of dress.

6. Turn the body very GENTLY ON THE SIDE AND A LITTLE BEYOND, and then BRISKLY on the face, alternately; repeating these measures deliberately, efficiently, and perseveringly FIFTEEN times in the minute, occasionally VARYING the SIDE;

*[when the patient reposes on the chest, this cavity is compressed by the weight of the body, and EXPIRATION takes place; when he is turned on the side, this pressure is removed, and INSPIRATION occurs].*

7. When the PRONE position is resumed, MAKE equable but efficient PRESSURE, with brisk movement, ALONG the back of the CHEST; REMOVING it immediately before rotation on the side;

*[the first measure augments the expiration, the second commences inspirations].*

\* \* THE RESULT IS—RESPIRATION;—AND, IF NOT TOO LATE,—LIFE!


#### IV.—TO INDUCE CIRCULATION AND WARMTH—

8. Meantime rub the limbs UPWARDS, with FIRM GRASPING PRESSURE and with ENERGY, using handkerchiefs, &c.

*[by this measure the blood is propelled along the veins towards the heart].*

9. Let the limbs be thus warmed and dried, and then clothed, the bystanders supplying the requisite garments.

10. AVOID THE CONTINUOUS WARM-BATH, AND THE POSITION ON, OR INCLINED TO, THE BACK.

 Dr. M. H. Byford of Evansville, Ind., in an article in the April number of the *American Journal of Medical Science*, describes muco-enteritis as among the specific effects of mercury upon the system, and details several instances in illustration of his position. He thinks that not unfrequently instead of mercurial stomatitis, mercurial enteritis, or colitis, or rectitis is induced, and sometimes in connection with the stomatitis.

That these conditions occasionally occur as the result of a mercurial course, there can be no doubt. Others have observed them as well as Dr. B., and they should always be born in mind as among the possible effects of this powerful, but somewhat dangerous remedy.

The inflammation is doubtless of a similar character to that which occurs in the mouth, and has a tendency to assume the ulcerative form.

In one of the cases which Dr. B. relates, a mercurial course was resorted to in the treatment of extensive ulceration of the cornea. When we consider that a full mercurialization *increases* the ulcerative process, it is not easy to understand the propriety of the treatment, unless it be supposed to act on the principle of *similia similibus curantur*. We are not informed of the fate of the ulcerated cornea.

In another case of pneumonia spoken of, both Mercury and Tart. Antimony were given. The pneumonia was relieved, but the patient died from intestinal irritation. Dr. B. does not inform us how he ascertained that this severe irritation was to be attributed to the mercury, and not to the antimony.

Dr. B. thinks these effects of mercury upon the intestines, indicated by pain, diarrhœa, dysenteric symptoms, &c., are evidences of mercurialization of the system, the same as is ptyalism, and shows the necessity of withdrawing the medicine, not *guarding* the bowels with opium.

This is like smothering a fire with combustible materials. Opium might prevent the mercury from producing irritation by its local presence in the intestines, but would not prevent its specific action as the result of its absorption.

In prescribing all medicines, both the local effect upon the mucous membrane and its constitutional effect, the result of absorption, should be born in mind. They often differ much.




ON THE DISTINCTIONS BETWEEN MIASMATIC AND CONTAGIOUS DISEASES. BY DR. MUHRY.—Miasmatic diseases are found (1.) to be dependent upon soil and moisture, temperature and time of year, like vegetation. 2. They often attack and exert their influence suddenly, immediately after their invasion, without any long, regular period of incubation, like a poison. 3. They may also repeatedly and chronically affect the same individual without diminution of their power. 4. They are not regenerated in the human economy.

Contagious diseases (1.) are found to be completely independent of soil, as also, with some exceptions, of temperature and time of the year. 2. They always exert their influence during a long regular period of incrementum or incubation. 3. They occur, for the most part, only once in the same individual, or recur only after a long interval. 4. They are regenerated in the animal economy only.

The relations of the contagious diseases to temperature, with respect to their geographical distribution, may be further indicated as follows: 1. The majority, as stated above, are ubiquitous, that is, are independent of temperature, and in our temperate and cold zones are independent of, or only slightly dependent on, periods of the year. These are variola, scarlatina, rubeola, pertussis, mumps, aphthæ, puerperal metritis, roseola, hospital gangrene, malignant pustule, and perhaps, miliaria and pemphigus. 2. Those which are dependent upon temperature, and also upon the periods of the year, may be thus distinguished: (1.) Those which thrive especially in high temperatures and under the tropics, as lepra, framboesia, dysentery, and aphthæ. 2. Those which especially prevail in a cold temperature and the polar zone, as erysipelas, puerperal metritis, croup and pertussis. 3. Those which especially prevail between the highest and lowest temperatures, between the tropical and polar zones, as the plague and typhus.—*Henle and Pfeufer.—Ohio Med. & Surg. Journal.*

The distinctions made in the foregoing article we regard as in the main just. How long before all medical men will recognize the fact, that the poisons producing contagious diseases are generated in the diseased animal body *only*? However *portable* other poisons producing diseases may be, those alone which are generated in the bodies of persons laboring under a particular disease, and are communicated to others producing in them the same disease, can properly be regarded as contagious poisons. Others may be infectious; these alone are contagious.


 The editors of a paper out West have been prosecuted for libel for some derogatory statements respecting the conduct of a Wisconsin official. They remark that this is a free country [it is free to private citizens and aliens as well as officials], and if a man has no character, he has a right to sue for one."

DYSENTERY.—In the *Southern Journal of the Medical and Physical Sciences* for May, we find an article on the question, "What is Dysentery?" by J. L. Abernethy, M. D., of Concord, Tenn. He says it is an inflammation, but contends, and we think with good reason, that it is not a common, but *specific* inflammation. The chief reasons he gives for believing it a specific inflammation are, that it has a particular locality, the sigmoid flexure of the colon and its vicinity, without there being any discernible anatomical reason for such location; that it has not the same *redness* and *softening* which exist in gastritis and enteritis, but there are more likely to be ulceration and an irregular confused and tattered mass of disorganization; that the peritoneum seldom becomes involved in the inflammation even when the mucous membrane becomes disorganized: that it is accompanied with hæmorrhagic discharges, whereas gastritis and enteritis usually are not; that it prevails at particular seasons, in the Summer, when the common causes of inflammation do not specially exist; that it prevails epidemically or endemically like cholera and yellow fever, and depends apparently upon some peculiar though obscure cause; and finally that it does not yield to the same treatment as other forms of common inflammation.

We have long been of the opinion that epidemic and endemic dysenteries, at least, depended upon specific causes, and are different from ordinary inflammation, accidentally excited in the same or similar parts; and we commend the foregoing considerations to the notice of our readers.

VERATRIA IN VERATRUM VIRIDE.—It has been a mooted question whether the white powder, which is obtained by the proximate analysis of *Veratrum Viride* is *Veratria*, or identical with that obtained from the *white Hellebore*, or the *Veratrum Sabadilla*. In an essay presented to the Philadelphia College of Pharmacy by J. G. RICHARDSON, and published in the *American Journal of Pharmacy*, it appears that in all their chemical reactions the *articles are the same*. The experiments are numerous and detailed at length, and are said to have been carefully and repeatedly made; and we must regard the question as settled that the *Veratrum Viride* contains *Veratria*. It must, however, contain some other principle which modifies its medicinal effect. The well known effects of *Veratria* upon the mucous membrane taken in connection with this analysis, as well as our own clinical observations, would suggest great caution in the use of *Veratrum Viride* when the mucous membrane of the alimentary canal is in an irritable or inflamed condition.



 We notice from some of our exchanges that the *tincture of Gelseminum* is rivaling the *Veratrum Viride* as a therapeutic agent. It is used for the purpose of fulfilling similar indications, and a Southern practitioner, Dr. Mages, who has used it frequently, declares it to be more safe and manageable than the *Veratrum Viride*, and more generally applicable in practice.

The editor of the *Charleston Medical Journal* says it appears to act as a direct sedative, and in inflammation and fevers lessens the frequency of the pulsations. He recommends its use in all diseases where it is desirable to lessen the heart's action.

---

AMYLENE.—The vapour of this article which has recently been found to possess anæsthetic properties, has attracted considerable attention. Dr. Snow of London, who has perhaps given more attention to the subject of anæsthetics than any other man, has been experimenting with this substance, and has read a paper upon it before the Medical Society of London. It is a colorless, very mobile liquid of the extremely low specific gravity of 659 at 56°. It is very volatile, boiling at 102° Fahr. It is made by distilling Fusel Oil with Chloride of Zinc. It is composed of ten atoms of Carbon and ten of Hydrogen, and bears the same relation to Fusel Oil that Olefient Gas does to common Alcohol.

It has an odor somewhat resembling naphtha, and it does not remain in the breath as long as ether. It does not irritate the air passage as much when breathed, as does chloroform or ether. It however takes a large quantity to produce full anæsthetic effects, and as a case of death has already been reported as resulting from it in the hands of Dr. Snow himself, it seems to possess no material advantages over the articles more commonly in use. Indeed, it appears to be inferior to them, as the subject is at present understood.

If further observations should show it to possess any advantages worth considering, our readers shall be duly informed.


---

TREATMENT OF ITCH.—Dr. Schubert states that he always treats itch, both in private and hospital practice, by soft soap and salt. Eight ounces of the former and four of the latter are dissolved in a quart of water, the patient being well rubbed with the warm solution night and morning. It is rather a painful application, but a cure results in three or four days, and often sooner, except in very inveterate cases, when some more days are required. The skin is afterwards well cleansed in a bath of wite soap and water.—*Medicin. Zeitung.*

DR. RICHARDSON, Physician to the Royal Infirmary for Diseases of the Chest, lays down the following general rules for the management of consumption, generally applicable in all cases and stages :

1. A supply of pure air is the first indication.
2. Active exercise is an essential element.
3. A uniform climate is an important element.
4. The dress should be adapted to equalize the temperature.
5. The hours of rest should be from sunset to sunrise.
6. In-door or sedentary occupation should be suspended ; out-door occupation to a certain extent should be substituted.
7. Cleanliness of body is a special point.
8. Marriage of consumptive females for the sake of arresting the course of the disease by pregnancy, is morally wrong, and physically mischievous.
9. The diet of consumptive patients should be ample, and should contain a larger proportion of the respiratory elements of food than is required in health.
10. The medicinal treatment should in the main be of the tonic class.

These rules may have need of slight modifications in different cases but in the main they are correct, and are of unspeakable importance.


 Mr. Lord, member of the North London Medical Society, at one of its recent meetings read an interesting paper on the Insidious Approach of Disease in Chronic Cases, and urged strongly the necessity of giving attention to the first indications of ill health, and to the complete removal of the remnants of acute diseases, which so often pave the way to serious mischief. He thinks that impurities of the blood, arising from simple chronic dyspepsia and imperfect sanguification, or fæcal fermentation—factories of blood-poison from within, as well as others from without the body, engender and circulate their deadly products throughout the system, giving rise to cancer, blastema and other malignities. He agreed with Dr. E. Smith that there was a stage of phthisis pulmonalis before tubercle was formed, consisting of diminished vital action in the air-cells, and which might with a good degree of certainty be cured by proper hygienic, and if need be, medicinal treatment.


The slow approach of nervous derangements, ending in chorea, epilepsy and insanity, were also referred to, and the great importance of giving them early attention pointed out. These suggestions should be regarded by all who consider it their duty to prevent, as well as relieve disease.



L'UNION MEDICALE gives an account of the treatment of a case of supposed extra-uterine, or abdominal pregnancy at the third month, by electro-puncture with the view of destroying the foetus. Two needles were implanted into the tumour, and a current of electro-magnetic fluid passed through it. The tumour rapidly diminished from the size of a man's fist to that of a pigeon's egg. The menses soon re-appeared and the patient was well.

Of course, it could not be positively known that the diagnosis was correct. There may have been an ovarian tumour, but the operation and result of the case are important facts, and may open a new field of practice in abdominal tumours in females.


 A striking feature of modern surgery is the practice of forcibly straightening contracted limbs depending upon adhesions, even when partly bony, under the influence of chloroform. It is sometimes necessary to divide tendons as a part of the process. The success attending these procedures is such as to commend the practice. Mr. Erichsen of University College Hospital, England, has practiced in this manner with the best results. B. E. Brodhunt, Assistant Surgeon to the Royal Orthopædic Hospital, also reports numerous cases treated successfully in the same way. Where tendons are to be divided, he advises it should be done subcutaneously, and the external wound allowed to heal before extending the joint. Splints are often necessary after the operation.

 Dr. O'Connor of the Royal Free Hospital, England, recommends the use of Lactic Acid in dyspepsia, in a very strong manner. He found it to act more readily on animal fibre out of the stomach than the so-called pepsine. It is said to directly assist digestion by its presence where the stomach is incapable of doing its work. Dr. O'Connor says the acid should be chemically pure, and of uniform medicinal strength. The dose varies from 25 minims to two drams in a little infusion of columbo, or otherwise diluted, and should be taken during a meal.

Dr. O'Connor also recommends the use of sulphur (externally) and flannel bandages in chronic rheumatism of the joints. The parts affected are covered with dry sulphur and swathed in flannel bandages. Sheets of wadding may be applied over all. The application is steadily continued until relief is procured. The success in the most obstinate cases is spoken of in strong terms. The same treatment is equally applicable in sciatica, and is said to be attended with like success. It may be worthy of trial.

GLYCERINE is found to be a solvent for almost all substances, and as a pharmaceutic agent and vehicle, has an extensive range of applicability. One is as a vehicle for the external application of Iodine, particularly where it is desirable to have the article absorbed by the skin. Used in the proportion of *one* part of Iodine to *five* of Glycerine, it produces some smarting, but can be well borne. After painting it upon a part, it may be covered with gutta percha paper to prevent evaporation; and in this way, fifteen grains of Iodine may be absorbed into, and eliminated from the system per day, for several weeks together without any injury to the general health. This at least is the testimony of Dr. Szukits, a German physician, who has tried it in 24 cases.


---

 A Dr. Coggsell "down East" has been advertising extensively in the newspapers, particularly in Massachusetts, an *Anti-phlogistic Salt*, which, its *discoverer* says, will cure nearly "all the ills that flesh is heir to;" and near half a hundred editors have borne their testimony in the most unequivocal manner to its having cured, under their observation, nearly as many different kinds of disease.

Taking this *unbiassed* and *reliable* testimony, this wonderful salt is even more potent than was formerly the Royal Touch, the Weapon Ointment, Perkins Tractors, Salt and Brandy, Tar Water, &c., or as are the *dilutions* of the Homœopaths or the *Herbs* of the Indian Doctors. A chemist of Boston has procured a box of the salt, unquestionably genuine, from the hands of Dr. Coggsell, and on analysis finds it to consist of *Bicarbonate of Potash* or *Sal Æratus* in coarse powder, scented with orris root, and colored with some vegetable coloring matter, *not* a salt.


The alkalies have been used from time immemorial for medical purposes, and of later times have been frequently used for producing antiphlogistic effects, and often with decided advantage,—so that this article may have done good in some of the cases for which it has been used. Still the wonderful effects attributed to it shows how easily non-profession non-professional persons of intelligence are deceived as to the powers of vaunted remedies. Now that the mystery is gone, sal-æratius will act as it did before, and the enlightened people instead of paying Dr. C. \$2 for a few drams, will pay the dry grocer a few cents a pound. We fear this naughty chemist has deprived our Yankee brethren of a decided luxury,—for "the pleasure is as great, of being cheated as to cheat."



 We notice by a circular from our friend, Dr. W. W. Allport of Chicago, Secretary of the "American Dental Convention," that a meeting of that body will be held in Boston on the 4th of August next. At the last meeting the following resolution was adopted:

*Resolved*, That the Corresponding Secretary request all persons having any thing new and useful to the Dental Profession, to present it at the next meeting."

We are glad to see that Dentists are regarding the holding of secrets in their business as dishonorable, and that they have taken their place among the honorable professions. They will doubtless have a "good time" among the Yankees.


 In a report of the proceedings of a medical society in the same journal, Dr. Hoelsdar, of Sevier, Tenn., reports great success in the treatment of *intermitting fever* with a mixture of *prepared chalk* and *vinegar*. It had cured every case without a relapse in which he had used it. He gave it in doses of a *tablespoonful* each, mixing together and allowing the effervescence to cease, and administered an hour before the time of the expected chill. It operates as a cathartic, excites the kidneys and the other secreting organs. Dr. H. received his knowledge of it from a friend in the West, who stated he had seen hundreds cured by it.

**PUERPERAL FEVER.**—In his report on the sanitary condition of St. Pancras during December, Dr. Hillier remarks as follows on two cases of puerperal fever in the work-house: "There have been two deaths from puerperal fever, and several persons are now suffering from it. This disease is of a most infectious character, and when once it has gained access to a lying-in-ward, it clings to it with remarkable tenacity for some time, in spite of all disinfectants. As soon as the disease made its appearance, Mr. Coster, the senior surgeon, with the utmost promptitude, used all precautionary measures to prevent its extension: such as the complete isolation of the patients suffering from it; preventing the nurses who attend on them from coming near other parturient women; the entire change of linen and beds; and placing all persons about to be confined, in a distant part of the building. The disease, however, is not yet eradicated. It is the intention of the Directors not to allow any nurse, who has been near the patients with puerperal fever, to attend lying-in women for three weeks. The resident surgeons will not attend any other accouchements for the same period; and all fresh cases of labor will, if possible, be kept at their own houses, or sent to lying-in hospitals. This disease frequently co-exists with erysipelas, and it will be remembered that, in my last report, I stated that this disease was prevalent in the house, as it is also at the present time." It would be well if such precautions were adopted more frequently.—*Med. Times and Gaz.*, Jan. 24, 1857.

SALT IN INTERMITTENT FEVERS.—We learn from the *Med. Times* and *Gazette* of Dec., 1856, that a Dr. Moroschkin, practicing in one of the provinces of the Black Sea, states that during the prevalence of scorbutus and ague in that region, Quinine sometimes entirely lost its power, and that, when no very prominent scorbutic affection was present, he gave 1 oz. of common salt in water, in two doses daily. In patients in whom the paroxysms were incomplete, very abundant sweating followed; the skin became natural, and other signs of amendment appeared; and the dose having been diminished, the cases came to a favorable termination in a few days. If the improvement was but partial, Quinine then became more efficacious. 70 out of 103 were completely cured, the others meliorated. These results correspond with our own observations in other forms of irregular and imperfect intermittents. Less Quinine will usually suffice combined with the salt, especially in chronic cases.

In the treatment of burns and scalds, Dr. Cogswell, in the *Western Lancet*, employs linseed oil smeared on the place, over which he applies cotton batting, and *allows the first dressing to remain on till the burn is healed*. He has found this plan to prevent scars and to be promotive of comfort to the patient and a speedy recovery.—*South. Journ. of Med. and Phys. Sciences*.

We have for years been in the habit of treating burns with oil and cotton batting, and of leaving the first dressing on until well, when not much suppuration occurs; and when suppuration does occur, to dress as seldom as possible, and of leaving the raw surface exposed to the air and change of temperature as short a time as may be. We regard this plan of treatment as very important. Its great advantage consists in protecting from the irritating effects of the atmosphere, and from fluctuation of temperature; and the oil next the surface and the dry cotton external to it, should be in sufficient quantities to effect these objects. Some are partial to *painting* the surface with oil and white lead. When this is done, apply thick folds of cotton batting over the paint. Try it.

 We notice in the *Boston Medical & Surgical Journal* that our associate Dr. Pitcher, together with a few other distinguished medical gentlemen in different parts of the country, was elected Honorary Fellow of the Rhode Island Medical Society at a recent meeting of that body. It will be gratifying to Dr. Pitcher's friends to know that his position and labors are recognised by honorable members of the profession at a distance, as well as by those at home.

E. P. C.



# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

VOL. V.

AUGUST, 1857.

NO. II.

---

## ORIGINAL COMMUNICATIONS.

### ARTICLE I.

*Evidences of a General System of Medical Practice being Taught by Scripture, and a Comparison of this System with Rational Medicine and Exclusive Homœopathy.*

BY N. D. STEBBINS, M. D., DETROIT, MICH.

(Continued from page 21.)

### LAW OF CURE.

We have another question to settle by Bible testimony, if such can be found in connection with this subject, that is in regard to a general law of cure—a rule for observation. The changes which diseases undergo when nature or the recuperative power is sufficient to perform a cure, have been before noticed. A great and general law of cure is revealed for the treatment of all diseases, both of body and mind and affections.

We notice that all the cleansings and purifications are brought about by the opposite of their cause. For example: Nitre (Carb. Soda), soap and water cleanse from dirt and filth, stimulants and tonics are given for exhaustion, debility or fainting; learning for ignorance, holiness for sin. Revealing and confirming the general law of Hippocrates, that of “*contraria contrariis*,” which is the great curative law of the Bible. We may add in this connection that it is in direct opposition to the modern law *revealed* by Hahnemann (and that stolen from Stahl), that of “*similia similibus curantur*.” This law is also evidenced in the Bible, when the charge was made against

our Saviour, that he cast out devils by Beelzebub, the prince of devils. Lk. 11, 15. The Saviour's confutation of these *vile slanderers* is equally good when applied to physiology and physics as in morals, proving the Hahnemannian law of "*similia, &c.*" to be a gross falsehood and having a bad origin.

Having now gone through one examination of the Bible authority for a system of practice of medicine—bringing before the mind the great and fundamental doctrines which give us a basis upon which to build a superstructure in the healing art—a system and mode of treatment, the same as taught and practised by Hippocrates, Galen, Luke and others, down to the present time, and taught in all our orthodox medical schools, including physiology, pathology, symptomatology, hygiene and therapeutics, the same principles and law of cure, all taught, as we have said, in the word of God, with the promise of blessing whenever a cure is effected, we believe that the physician in relation to his art is not forgotten and left without a witness, and help from divine inspiration.

We are here met by the common and specious assertion that the Bible was never designed to give instruction in science or physiology as systems. To which, we reply that we regard it as before stated, as revealing general principles just as the Theologian is often of necessity obliged to do. While we admit that the Bible was intended specially to inculcate great moral truths, for the interests of man as a moral being, still we argue that when a great fundamental truth is revealed, whether in law, philosophy, or medicine, as well as theology, it is no less an immutable truth. So we find geologists, astronomers and lawyers taking the same view, and to this view it seems that most of our theologians are ready to give the fullest assent. But when medicine, which is of infinitely more importance than either of these, points to Bible tests, they will turn the matter off, saying there is no positive proof in the Bible on this subject, especially if they are tinctured with Homœopathy; and the next thing we hear is the common objection that Joshua "made the sun and moon to stand still." At the same time, they know that it is generally believed (see Bush's notes on Josh.) that the moon must have been out of sight at the time of the day in which the miracle occurred. The account in part, no doubt, must have been a mere figure of speech. For instance, the clause chap. 10 v. 13: "Sun stand thou still upon Gibeon, and thou moon in the valley of Ajalon." And we may add it is not impossible that all motion in the planetary system was suspended literally. When Job says: "He stretcheth the North over



the empty place and hangeth the East upon nothing." The astronomer catches at it as a great truth (although the earth does not hang literally), and the theologian says—Amen.

This subject has been argued at some length by Prof. Hitchcock in his work entitled *Religion of Geology*. He says: "Only admitting that they spoke of astronomical phenomena according to appearances and in conformity to common opinions, and their language became perfectly proper, it conveyed *no error*; and, in fact, is as well adapted now as ever to the common intercourse of life, &c."

But in relation to the life and health of mankind, a very different kind of language is used, such as would be expected when comparing the interest connected with the earth and the heavenly bodies and that of the life and health of men. Comp. 1 Tim. 5, 23 with Rev. 7, 1. The plain inspired direction of the first and the highly wrought representation of the other.

- We believe that it is inconsistent with the character of the immutable and benevolent God to reveal a *principle vital* to the interests and well being of his creatures, which he knew to be false and injurious, whether in physis, law, philosophy or morals. And we are *authorized* to infer from the *veracity of God*, that, *when he directs in any matter*, it will be in accordance with a *system* based upon *great and fundamental truths*; as in the case of Timothy. If the wine which was prescribed for his illness was not according to a true system, founded upon scientific principles as taught in physiology, pathology, materia medica, then it was empirical treatment, that is according to no system, and the inspired mind was aware of it at the same time, which involves a contradiction in the character of God.

We will here insert the doctrines and practice of Homœopathy and that of the old school, for the purpose of comparing these systems with the Bible instruction on this subject. Having examined their views in relation to a recuperative power, we will now proceed to the examination of these doctrines in course, and their bearing on moral philosophy, until a complete system of Homœopathy will be fairly brought to view, by quoting from their best authors, with their later and new discoveries.

We will here premise that the Homœopathic system as such, necessarily involves principles in philosophy and medicine that cannot harmonize with any other system, and further, the consistent Homœopath must be either a materialist in his philosophy, as supported by Voltaire, Volney and others, who hold the theory that the mind and

the vital powers are one and the same organic principle in our animal nature, or the theory of Swedenborg and German transcendentalists, that the vital principle and the mind are one and the same indestructible principle, a complete spiritual being already in existence (which amounts to a denial of the resurrection of the body). We commence by quoting from Hahnemann.

#### PHYSIOLOGY.

Organon p. 83, sec. 9. "In the healthy condition of man, the *immaterial vital principle* which *animates* the *material* body, exercises an absolute sway, and maintains all its parts in the most *admirable* order and *harmony*, both of *sensation* and *action*, so that our indwelling rational spirit may freely employ these living healthy organs for superior purposes of our existence." Sec. 11. "In disease, this *spontaneous* and *immaterial vital principle* pervading the *physical organism*, is *primarily* deranged by the *dynamic* influence of a *morbific agent* which is inimical to life." Sec. 12. "It is *solely* the morbidly affected *vital principle* which brings forth diseases." Sec. 15. "The sufferings of the immediate vital principle which animates the interior of our bodies, when it is morbidly disturbed and the mass of symptoms produced by it in the *organism* which are externally manifested, and represent the *actual malady* constitute a whole; they are the same." Sec. 215, p. 174. "Almost all affections of the *mind* and *dispositions* are *nothing more* than *diseases of the body*, in which the changes of the *moral faculties* are more or less rapidly become predominant over all the other symptoms which are diminished; they *assuming* the character of a *partial disease* and *almost a local affection*." Sec. 216. "In short, the disease of the bodily organs which are *grosser in their nature*, has been transferred to the almost *spiritual organs of the mind*, which no anatomist ever could or will be able to reach with the scalpel." Sec. 212. In relation to the action of remedies, he says: "There is not a *single operative medicine* that does not effect a notable change in the *temper and manner of thinking* of a healthy individual to whom it is administered, and each medicinal substance produces a different modification; and what I have to say regarding the *treatment of mental diseases*, may be comprised in a few words; for they cannot be cured in a *different manner* from other diseases."

We have here brought to view the foundation of Hahnemann's theory. 1st. That the vital principle is primarily diseased—that is, disease is a vital or immaterial affection. 2d. That the affection is transported from the vital to the intellectual. 3d. That medicines which affect the vital and immaterial, at the same time affect the mind. 4th. That they are treated alike or in the same "manner" as "other diseases."



The relationship of his vital and mental principles we must see, are such, that they constitute one and the same united existence—an indwelling immaterial principle embracing the mental.

We will now enquire how this system of Hahnemann has been improved by his disciples. Marcy (already noticed), in his work on Theory and Practice, objects to Hahnemann's spiritual theory, both as to the spiritual nature of disease and that of remedies. He denies the existence of a vital principle, and attempts to argue that the intellectual alone is the prime cause of all vital and intellectual phenomena. We refer to his work, he says, p. 23:

"We are of opinion that much error has arisen from the general idea that the *intelligence is established exclusively in the brain*, and that it possesses only certain limited powers." P. 24. The soul has no *particular location*, but pervades every portion of the *nervous system*, exercising a constant and direct influence over *every organ and tissue*." "It (the soul) manifests its power in the capillary system in enabling these vessels to exclude the red globules; over the lacteals in enabling them to exclude all but the nutritious portions of food; over the organs of *involuntary* motion (the heart for example); in enabling them to respond with uniformity and regularity to the material excitants; over the nerves of sensation and motion, in enabling them to take cognizance of injurious foreign impressions, and to exercise voluntary motion; over the organs of the *special senses* in enabling them to appreciate *sight, hearing, smell, taste and touch*. This spiritual influence operates only through the medium of these organs and tissues, developing specific and harmonious manifestations, according to the peculiar use and structure of each part under its guidance. The *molecules* are appropriated and become a *part* of the organism. Through that same influence, the system is enabled to resist to a certain extent, *morbific* and other *injurious impressions*." "The *soul* does not leave the body until the *structures* are so much injured, that the functions all cease operation. Many organs may be destroyed or rendered incapable of *transmitting mental or spiritual* impressions; yet the *intelligence*, entire *unaltered* of itself, will *pervade* the *remaining* portions of the organism. It will still manifest itself just so far as it finds normal organs and tissues to operate through or manifest an influence upon. The material parts alone may be impaired or obliterated, but *so long as there is life* (the soul), the *immaterial part* must pervade the body unaltered, although its *manifestations* may be *entirely changed*."

In another part of his work, he says the soul is a dangerous agent in the cause of disease and sometimes of death. For example: "diarrhoea, syncope, catalepsy, apoplexy, mania, &c.," "dyspepsia, neuralgia, hypochondria, phthisis, pulmonalis, &c.," all these and many others have a common cause; the intellectual soul, which, as we have seen, is the only power to "ward off injurious influences,

&c.," for he says the "system is (being) only protected by *material* and *natural* stimuli, &c. Again in another part of his work, after denying that any other agent exists than the soul, he asks the question: "Shall we pretend that when God created man from clay, &c.," breathed into his nostrils the breath of life and he became a *living* soul; he also infused *another principle similar* to, but *distinct* and *independent* of the *soul*!? referring to the opinion of the existence of a vital organic principle, which, as we see, he denies.

We have now given Dr. Marcy's Physiology and Philosophy of the mind, which, as we see, are blended together; and from the nature of the system, they (the Homœopathists) are driven to take this stand; and it is easy to prove from this system that they not only oppose the regular school of medicine, but all theological schools connected with the orthodox part of the church, and, if true, must necessarily supersede them. We will now give a few extracts from Emanuel Swedenborg by way of comparison. In his Arcana A. c. 179, he says, when speaking of the act of dying:

"That the vital substances as soon as the interiors of the body grow cold, are separated from the man, in *whatever part* they are, even if they were enclosed in a thousand intricate windings." Then he says, after death, A. c. 322: "In short, they have lost nothing, but are still though more perfect, like man in all respects, except as to bones and flesh and the imperfections thereof; they (the dead) acknowledge and perceive that, whilst they lived in the body, it was a *spirit which had sensation*, that although this appeared in the body yet *still* it was the *body*; the *sensations* live in a much more exquisite and perfect state; *life consists in sense*, for without *sense* there can be no life, and such as the sense is, such is the life, which every one may know." We give another extract from his commentary on the Evangelist John ch. 5, 28, 29. He says: "That it is not meant that graves in the earth shall be opened, and that the dead shall come forth from them in the last judgement, is evident from the consideration that all men immediately after death come into the spiritual world, and there live in human form in like manner as in this world." He says he saw "a certain Jew (after death) who fully supposed himself to be still living in the body, so that it *was* with difficulty he was persuaded otherwise; and when it was shown him that he was a spirit, he still *persisted* in declaring that he was a man, because he *saw* and *heard*. Such are they who during their abode in the world were corporeal."‡

We see by these extracts that sensation is not an *organic material principle*, but spiritual—the opposite of the doctrines of the materialists. It is easy to see that the opinions of all three of the above authors are opposed to the Bible argument, as we have shown (see Eccl. chap. 12, 1—16); and impliedly by Marcy and Hahnemann,



and directly by Swedenborg a denial of the resurrection of the dead is made, and we may add of the doctrine of the atonement and the influence of the Holy spirit, and we *might* add all the doctrines of Grace. To make this appear still more plain, we will give extracts from Prof. Simpson's work on Homœopathy, in which he says:

"The Homœopathic list of drugs includes a number of medicines that possess (at least according to the Homœopathists) the power of producing, and hence on the principle "*similia similibus curantur*" (their "sole" or only law of cure) of *curing* various *moral* and *religious symptoms* and *states*, thus according to Jahr (vide manual of Homœopathic medicine Vol. 1), the great anti-psoric remedy Sulphur (p. 563) produces in a healthy person, and hence will cure in a diseased the feeling of "despair of eternal salvation." Lycopodium (p. 337) possesses the same property. A dose of Pulsatilla (p. 468) produces "*despair of eternal happiness with continual praying, hymns and devout aspect.*" Lachesis (p. 310) produces and hence should cure "absence of religious feeling and fear of approaching death." A small dose of Gold taken internally produces "*excessive scruples* of conscience and despair of one's self and others." Veratrum produces "extraordinary taciturnity, with oaths on the slightest provocation and raving about religious matters." Aconite produces "an irresistible desire to blaspheme and swear, and a sensation as if the mind was separated from the body." Anacardium produces (p. 33) the same swearing symptoms and absence of all moral and religious feelings." Vol. 2, p. 155, a dose of common colocynth (an ingredient in an officinal pill, which most people have repeatedly swallowed) produces, says Jahr p. 189, "want of all religious feeling, &c."

This extract is given to show how the mind is affected when the body is in a state of health, under the influence of Homœopathic remedies, and consequently when diseased in a natural way, these remedies on Homœopathic principles are the means of cure. Another extract from the same author (p. 89) we will give for the purpose of further developing the power of their remedies (as they pretend to believe) over the mind. If true, it supersedes the need of assistance from reason or grace. Says Prof. Simpson, lately between twenty and thirty of the principal Homœopathic physicians in Great Britain, including Dr. Black, Dr. Drysdale, Dr. Madden, Dr. Golly of Malvern, Dr. Henderson of Edinburgh, the Rev. T. Wright of Coldstream, &c., have instituted "the Hahnemann Publishing Society" for the purpose of publishing scientific and practical works on Homœopathy. In 1850, they published their first volume, viz: a "Pathogenetic Cyclopedia, or Systematic Arrangement and Analysis of the Homœopathic Materia Medica," by Dr. Dudgeon of London. This volume contains only the symptoms of "the *disposition* mind and head." I

shall select a specimen from this volume published under such high authorities, to show that the symptoms there described are, in respect of folly, of the same type as those of Jahr. At page 168 to 170 (to take these pages as an example), there is given a series of delusions which are capable of being produced, and which, it is alleged, have been produced in the provings of certain drugs. I shall select a few of these as specimens:

"Delusion that he is flying" (produced by Camphor). "Delusion that he is riding an ox" (produced by Belladonna). "Delusion that he is a hunter" (produced by Veratrum). "Delusion that he is a commanding officer" (effect of a dose of Copper). "Delusion that he gives the word of command" (effect of Belladonna). "Delusion that he has a large business" (effect of Phosphorus). "Delusion that he possesses fine clothes" (effect of Sulphur). "Delusion that he is a goose" (effect of Conium). "Delusion that he is a child" (effect of Cicutula). "Delusion that he has old chairs to mend" (effect of Copper). "Delusion that he has greens for sale" (effect of Copper). "Delusion that he is driving sheep" (symptoms of Aconite). "Delusion that his head is larger" (symptoms of Zinc). "Delusion that his head is transparent, and that his nose is transparent" (effects of Belladonna). "Delusion that his stomach is devoured" (effect of Sabadilla). "Delusion that his legs were cut off" (effect of Baryta). "Delusion that his fingers and toes are cut off" (symptoms of Musk). "Delusion that his feet are in his brain" (effect of Amphisbœna). "Delusion that he is killed, roasted and being eaten" (a symptom of Stramonium). "Delusion that he is about to be married (symptoms of Henbane). "Delusion that he is pursued by evil spirits and that a dog is biting him" (effect of Stramonium). "Delusion that thieves are in his house" (symptom of Arsenic). "Delusion that men are swine" (symptoms of Henbane). "Imaginary vision of cats" (an effect of Arethusa). "Imaginary vision of rabbits" (effect of Stramonium). "Pretending to crack nuts" (symptoms of Henbane). "Pretending to count money" (symptoms of Belladonna). "Pretending to drive away peacocks" (a symptom of Hyosciamus). "Eats his shoes" (an effect of Veratrum). "Tries to climb the stove" (effect of Henbane). "Dancing in the church yard" (a symptom of Stramonium). "Inclination to pull people's noses" (a symptom produced by Mercury), &c., &c.

From the same author (p. 60) we quote the twenty "moral symptoms" alleged to be produced by doses of *flint* or *silex*. (It must be recollected that these provings or symptoms are the effect of experimenting with Homœopathic remedies on persons in health as well as all of the foregoing and that may follow.)

Out of 372 symptoms, which it is capable of producing on other parts of the system, viz: "Melancholy and disposition to weep; nostalgia; anxiety and agitation; taciturnity; concentration in self; inquietude and ill-humor on the least provocation, arising from excessive



nervous debility; scruples of conscience; great liability to be frightened, especially by noise; discouragement; moroseness; ill-humor and despair, with intense weariness of life; disposition to fly into a rage; obstinacy and great irritability; repugnance to labor; apathy and indifference; weakness of memory; incapacity for reflection; great distraction; tendency to misapply words in speaking; fixed ideas; the patient *thinks only of pins*, fears them, searches for them and counts them carefully (Jahr's Manual of Homœopathic Medicine, vol. 1, p. 532), according to the law of similia, &c."

Infinitesimal doses of Flint will cure any and all the above irregularities of mind and disposition when the effect of disease. Our orthodox Divines may get a new lesson on theology from this "new system." We will add another extract of provings selected by Dr. J. Dascomb, Ohio, from Hahnemann's work on Chronic Diseases, vol. 3, p. 46:

"He (Hahnemann) is detailing the symptoms produced in healthy persons by common charcoal: Painful straining in the left ear; straining in the right ear in the evening; straining coming out at both ears; fine pinching in the left ear: tearing in the interior of the right ear; tearing pain in the groove behind the right ear; tearing and burning pain in the left lobule; tearing jerks or single stitches in the right meatus auditorius internus; stitches in the left meatus auditorius from without inwards; itching of the upper part of the ear, which afterwards becomes hot; obtusion of the head; aggravating thought; considerable obtusion of the head in the morning after rising; obtusion of the head for several days without pain; obtusion of the occiput as after intoxication, &c., &c.

These are selected from thirty-eight pages of an enumeration of symptoms produced by charcoal. The man who believes this nonsense deserves to be ranked among the wise man's incurables Prov. 27, 22. (Address delivered before the Medical Society in Oberlin.)

Before we give the opinions of the rational school on the vital principle, we would observe that Marcy, in his work on Theory and Practice, confounds Prof. M. Paine's (a recent leading author of the regular profession in favor of a vital energy) theory with that of Hahnemann, in relation to the vitality of the human body. The same might have been said of Bichat and others, who hold the same views with Prof. Paine. But, as we have seen, Hahnemann thinks very differently, as we have before quoted. He says that we have "an immaterial vital principle which animates the interior (material) body, exercises an absolute sway, &c. (sec. 27), so that our *indwelling rational spirit* may freely employ these living healthy organs." Then again he says: "The old school has thoughtlessly overlooked and disregarded the spiritual nature of our life," proving conclusively

that his idea of the nature of the vital principle and that of the old school were totally different: His being purely spiritual, the old school material as to existence. We give as proof on this point an extract from Prof. Paine's "Institutes of Medicine." He says that "the properties of life in the elements of matter are thoroughly material as it respects the soul." And again he says: "A peculiar action of certain agents upon the whole organism of plants and animals called *vital stimuli*, entirely unlike the action of chemical agents, is necessary to the growth and existence of organic beings. They are both internal and external, and give rise to all the phenomena in organic life, and maintain the whole in one exact condition." That is every tissue as he argues, is endowed with a living organic principle suited to the office or function in which they are employed in the animal economy entirely "unique" in each part. For proof of this statement, it is well known that the mucous membrane lining all the internal cavities and the surface (skin) are the same in structure. How different their living properties. The bladder is the common receptacle for urine, which it receives with impunity; but it soon excoriates the skin as many a little sufferer has experienced. The bile is necessary to health in the alimentary canal, but when diffused through the system, is a cause of disease (jaundice.) Venous blood is harmless in the veins, but destructive to life in the arteries.

The different secretions, which take place when the mucous membrane is inflamed in different parts of the system, reveal the same truth, as an effete substance is thrown off from the lungs in bronchitis, entirely different from that thrown off in the intestines, in dysentery, or that from the stomach, or bladder, or nose, &c. We have further evidence of the endowment of the properties of this vital principle in the peculiar and unique, in the nervous system, the nerves of sensation, touch, seeing, hearing, smell, taste, motion, respiration, &c. We give another quotation from Prof. Paine's work on the *Soul*, p. 131:

"In assuming scripture therefore, as a ground of argument, it is manifest that man was completed in his structure without life before he became endowed with a soul, and that the act which *created his soul*, bestowed *also* the *vital force*. One appears to be as much a new creation distinct from the forces of dead matter as the other. When man was already perfected in his structure, he was without life. But by the act of breathing into his nostrils, his peculiar physical life and his soul were simultaneously created. And how perfectly in harmony is all this with the exit of man. His soul and the vital force leave the corporeal frame simultaneously; nor will either be restored but by another act of creative energy." "But



again it cannot be said that the *soul* itself constitutes the *life* of man, leaving out all physiological facts, since brute animals and plants have as much the *specific force* of life as man, and since also reason and revelation enforce the belief that animals and plants have no soul."

The similarity of the doctrine, as taught by Prof. Paine and that which we have found in the Bible, is, we think, too plain to admit of a doubt of the relation which exists between the corporeal, vital and mental elements of human existence.

The argument which Marcy brings to his aid to prove his theory, already brought to view (p. 28, 29). That "this property which has been attributed to the 'vital principle' or 'nervous force,' is *due solely to an immaterial or spiritual agency—the intelligence or soul*;" and that it is an "erroneous supposition that the operations of the soul are confined to simple conception, judgment, comparison and other intellectual phenomena, &c.," is derived from the "experiments recently made by Dr. Dowler of New Orleans." This was done by dividing the muscles of the neck, and the spinal cord between the shoulders and hips, destroying the great sympathetic nerve, and removing the intestinal viscera. Yet for a period of more than two hours, the alligator exhibited *complete intelligence*, volition and *voluntary motion* in each and all *divisions* of the *body*. It *saw*, felt and defended itself; showed *anger*, fear, and *even friendly attentions* to its keeper, a *black boy*, &c., &c. These wonders have been long since known to us in school boy days, and it was a common saying that if a snake be cut in two parts, the head would continue to live, still manifesting "signs of complete intelligence," and the tail would die at sun-down." Facts of this kind were long since known and published in works on physiology. Carpenter, in his work on Physiology, says, when speaking of the fresh water polypi: "There would seem to be scarcely any limit to *this power*, for if the body of the animal be minced into the smallest possible fragments, every one of these can produce a new being. In this manner, no less than forty have been artificially generated from a single individual." And we may add other well known facts, that lobsters claws, lizards tails and stags horns, may be removed, and after a time they will be reproduced. These facts we should have supposed would have served the Doctor (Marcy) a better purpose than those found in the experiments on the alligator. For that animal finally died from the experiments, but in those made on the polypi, lobsters, lizards and stags, according to his logic or system of physiology, soul and body, not only *continue to live* although in a divided state, *but in them a complete soul and body is reproduced*.

It would seem that Dr. Marcy's object in quoting the experiments of Dr. Dowler was to give an impression that his system is not only a modern one, but to lead the mind to believe that the Homœopathist, if not the author himself, was the only one who had ever applied these phenomena to physiology and psychology.

While some animals are blessed with the attributes of reproduction, &c., man is less fortunate; when a limb is removed, soul and body of the removed portion is lost, according to his theory, and the same follows from the theory of the infidel materialist, except on the Swedenborgian belief that the *spiritual limb* continues in its place after the material limb is removed, waiting for the deliverance of the whole spiritual body from the earthy part, by death of the whole corporeal fabric. Then in this free spiritual state, the spiritual limb (which had been idle or without the opportunity for a time of performing its office for a material existence) is now in its free state, again brought into active service. For the purpose of more fully illustrating this new system of physiology and its bearing on mental and moral philosophy, it will be necessary to give a synopsis of the Homœopathic system with the later discoveries. We quote from Andrew Jackson Davis' work on the Great Harmonic Physiology, &c., vol. 1. Boston 1855 :

"I am impressed to affirm that *man* was developed subsequent to minerals, vegetables and animals by a *vocal concentration* of all the elements, essences and substances, under the most perfect conditions and influences which exist in nature." P. 19.

"The ultimate *use* of nature is to *individualize* and *immortalize* the human spiritual principle. It is proper, therefore, to consider nature as a *mighty and magnificent machine*, and the divine mind as the omnipotent and omniscient artisan." P. 20.

"For we have discovered that the *use* of nature is to individualize *man*, and that the *use* of the physical man is to individualize the spirit." P. 27.

"It has been shown that the Deity is a substance engaged in *moving* substance; and that the moving principle is that which is moved. So with the human spirit, which physiologists term vitality. It is an organized substance engaged in moving an organized substance—the body; but the *spirit* is superior to the body, because the latter is moved by the former; hence we must look to the spirit for an explanation of whatever physical phenomenon the organism develops to the senses. Physiology demonstrates that the *spiritual principle* acts upon the natural organism in seven distinct and harmonious ways, namely: anatomically, physiologically, mechanically, chemically, electrically, magnetically and spiritually. I know that in making this statement, I am contradicting the assertions of several distinguished physiologists and medical reformers; but nevertheless I



speak from *an internal knowledge* of the laws of life, which, as I have said, the scalpel can not reveal to the dissector. *Hahnemann*, for instance, affirms that 'human life in no respect obeys laws which are purely physical, which are of force only with organic substances, &c.'" P. 55.

"First. That the *vital principle* acts anatomically upon the dependent system, is evinced by the fact that, should any structure of the organism be in any manner impaired, there is manifested immediately a disposition in the part of the living body, to remove the affected portion and supply all deficiencies. Should a bone be broken, or should the muscles be bruised, or mutilated, then that divine force which lies back of, and which is superior to bone and muscles, exerts itself forthwith to repair the damages. Thus the spirit *builds*, in accordance with organic principles, &c." P. 56.

"Second. The *spirit acts physiologically* by preserving the various organs in a state of harmony; and also by stimulating them to the prompt discharge of their appropriate functions. For instance, the spirit operates upon the involuntary muscles of the entire system, without exciting the least thought to make the individual conscious of the wonderful process. It moves the lungs, the heart, the liver, the kidneys, the stomach, the intestines and the entire brain every instant of time, from the first to the last moment of existing relations between them, and it moves them too with a harmony and silence unparalleled. In other language, that expansion and contraction, digestion and secretion must occur in the spiritual organization, before the phenomena can be developed by the lungs, the heart and the stomach. The conclusion is legitimate, that the vital force is a substance *acting* upon substance, in accordance with physiological principles." P. 56.

We have now given the substratum or basis of the Hahnemannian system, viz: his vital and spiritual principle, which, as we think we have shown, is the same with Marcy's intellectual soul. We will in the next place examine the cause of disease, on Homœopathic principles.

#### CAUSE OF DISEASE.

Hahnemann, as we have seen, having assumed a spiritual basis for disease, says (sec. 11) that "this spontaneous and immaterial vital principle pervading the physical organism, is *primarily deranged* by the dynamic influence of a *morbific agent*, which is inimical to life."

Sec 13, p. 84 he repeats: "Disease, therefore (those forms of it not belonging to manual surgery), considered, as it is by the allopathists, as *something separate from the living organism*, and the vital principle which animates it, as something *hidden internally and material*; how *subtle soever its nature* may be supposed, (referring to the vital principle of the old school) is a *nonentity*, which could only be conceived in *heads of material mould*, and which for ages

hitherto has given to medicine all those pernicious deviations which constitute it a mischievous art."

These extracts settle the question in relation to his opinion of the nature of disease and its seat, and although he uses the same terms with the old school when speaking of the seat of disease, viz: "vital principle;" still they mean or represent very different principles in their nature, his definition making the vital principle a "spiritual" existence and the old school material."

Having assumed that disease is spiritual in its nature, it necessarily involves the idea that disease must have a spiritual cause. So he says sec. 16, p. 85: "The vital principle as a *spiritual dynamic*, cannot otherwise be assailed and affected than in a (dynamic) spiritual manner."

P. 27 he says: "*This unintelligent vital power admits* into the body, without hesitation, the greatest scourge of our earthly existence, the source of countless diseases which have afflicted the human species for centuries past—that is to say *chronic miasm*, such as psora, syphilis and sycosis."

In P. 122, after giving the nature of the two diseases of which the two miasms syphilis and sycosis are the cause, he goes on to say:

Sec. 80. "But a chronic miasm that is incomparably greater and far more important than either of the two last named, is that of *Psora*. The two others disclose the specific internal affection in the form of a cauliflower. It is not until the whole of the organism is affected, that psora declares its huge internal chronic miasm by a cutaneous eruption (sometimes consisting only in a few pimples) that is wholly peculiar to it, accompanied by insupportable ticklings, voluptuous itchings and a specific odour. (We would add, and vulgarly called the Itch.) This *psora* (itch) is the *sole true and fundamental cause* that produces all the other countless forms of disease which come under the names of nervous debility, hysteria, hemicrania, hypochondriasis, insanity, melancholy, idiocy, madness, epilepsy and spasms of all kinds, softening of the bones, or rickets, scoliosis and cyphosis, caries, cancer, fungus hæmatodes, pseudomorphæ of all kinds, gravel, gout, hæmorrhoids, jaundice and cyanosis, dropsy, amenorrhœa, gastrorrhagia, epistaxis, hæmoptysis, hæmaturia, metrorrhagia, asthma and phthisis, ulcerosa, impotency and sterility, deafness, cataract and amaurosis, paralysis, loss of sense, pains of every kind, &c."

Sec. 81. "The progress of this *ancient miasm* through the *organism of millions of individuals* in the course of some hundreds of generations, &c." Then in a note to p. 122 he says: "It cost me twelve years of study and research to trace out the source of this incredible number of chronic affections." Says Prof. Henderson (Prof. of Medicine and General Pathology in the University of Edinburgh, a late writer on Homœopathy) in his reply to Dr. Forbes, p. 47: "The psoric theory, or rather hypothesis of Hahnemann, is per-



haps the most unfortunate of his speculations ; not, indeed, on account of anything essentially *unphilosophical* in either its *pathological* or practical bearings, but because of the peculiar light in which the disease from which it takes its name is regarded, &c." In other words, the only objection is because the itch is a disgusting disease. And he further remarks : " I think that it may bear a construction discreditable, neither to the pathological accuteness of its author, nor to his practical sagacity." Then Prof. of *Medicine and Pathology*, as he is, he says : " I confess I have not given the subject so much *consideration* as to *justify me* in giving an opinion on the question, &c.," and continues on this subject by quotations from different authors in *proof* of this *hypothesis*. It is presumable that *ignorance* is bliss, as he is a Professor in an old school University. Says Rau : " The internal psoric malady spreads little by little, and unless *removed by art*, continues until the *patient's death*, although he may *apparently continue to enjoy good health for years*. These symptoms are more numerous in some individuals than in others. The *most important* are : Frequent discharges of lumbrici (long worm) and ascarides (fine worms) with creeping in the anus, particularly in children, &c." P. 61. (Comp. with Hahnemann, p. on Development.)

Marcy, who ridicules Hahnemann's spiritual theory, adopts some of the later theories of the chemical and mechanical physiologists, a modern improvement on Hahnemann's itch theory. In his Practice, p. 20, he says :

" The immediate cause of the disturbance and disorganization which results in inflamed parts, is dependant solely upon the *chemical* action of the *oxygen* of the red globules, upon the elements of the affected structure," " and this gives rise immediately to an *impaired state* of the *nerves* and *muscular* fibres of the extreme vessels" (as we have seen in another form of giving expression to a diseased soul). He says " the first effect upon these vessels is that of a *stimulant* indicated by *contraction* or spasm (this idea is stolen from Cullen) and chills. This is soon followed by the *secondary* or atonic stage which is indicated by distention or congestion of the capillaries with red *blood*, *heat*, redness and other symptoms, which show that the *small vessels* have lost their power (a soul power) of resisting the entrance of the destructive 'carriers of blood,' &c."

We see that combustion takes place and appears to be the cause of disease. The soul, according to his physiology, having entire control of all motion, sensation, &c., in every part of the body, must be necessarily (although he keeps this result out of sight) primarily affected ; falling back on Hahnemann's theory. The only difference is that he makes chemical action a cause of disease ; but, as we shall further see, he does not entirely reject the itch theory, for, when treating of intermittent fever (see his Practice, p. 154), he says under

“physical sensations, tertian type kept up by *roused psora*” (roused itch). Then again, in the treatment of hectic fever, he says:

“If a chronic miasm, whether *psoric* or otherwise, has originated the disturbance, then strike deeply at the original cause with anti-psorics.” P. 197.

That is with medicines against itch miasm. We have in another place given his theory of the intellectual principle being a dangerous cause of disease, and we must conclude that sometimes the soul is the cause of its own disease. What consistency! It would appear from what we have seen from these authors now quoted that this itch miasm is a spiritual principle, pervading the human system throughout, and never fully leaving it. According to Hahnemann, it must have existed with the first being, for, as we shall see, he no doubt held to the development doctrine of the human race, and it would appear to have been a part of man’s creation. Certainly “hundreds of generations,” as Hahnemann says, have been under its influence. It goes back of Adam’s day. This itch theory is so similar to Goethe’s evil principle, we will add an extract giving his view of the matter. He calls it “Demonic,” as he says “*after the ancients*.” He says:

“He thought he could detect in nature *both*, animate and inanimate, with soul or without soul, something which manifests itself only in contradictions, and which therefore could not be considered under any idea, still less under one word. It was not God-like, for it seems unreasonable; not human, for it had no understanding; nor devilish, for it was beneficent; nor angelic, for it often *betrayed a malicious pleasure*. It resembled chance, for it hinted at connection—all that limits us it seemed to penetrate, it *seemed to sport at will* with the *necessary elements of our existence*, it contracted time, expanded space. In the *impossible* alone did it *appear to find pleasure* while it rejected the possible with contempt.”

It appears that Hahnemann’s psoric theory has an older date than his twelve years study. Visionary as it is, he was obliged for the sake of consistency to get up a theory of this character.

Having now given the Homœopathic cause of disease, we must, in following out their system, examine their Homœopathic remedy of which they make such boast.

#### HOMŒOPATHIC REMEDY.

Hahnemann says, as we have seen in sec. 16, p. 85, that the “vital principle, as a spiritual dynamis, cannot otherwise be assailed and affected than in a spiritual manner, &c.,” and he goes on to say, in relation to the removal of this morbid action, that “neither can such



morbid disturbance, or in other words such diseases, be removed by the physician, except in like manner, by means of the spiritual (dynamic virtual) *countervailing agency* of the *suitable medicines acting upon the same vital principle*, and this action is communicated by the sentient nerves everywhere distributed in the organism, &c."

We here learn that he must have a spiritual remedy, and so strong was his faith, that when speaking of the effect of the 60th potency of Thuja, the *power* was so great, that he thought those who had doubted the doctrine, when they saw these wonderful effects, should be struck dumb. Marcy rejects this spiritual-remedy theory. After quoting the forgoing extract from Hahnemann, he says p. 33 of his Practice :

"Who supposes it possible that a material substance can be transformed into a spiritual one?" "Medicinal spirit and *dynamic properties* are vague and, as we believe, absurd expressions, &c." P. 35 he says: "Away then with all unmeaning expressions like medicinal spirit, vital power, dynamization; *let us own our ignorance respecting the precise changes which drugs undergo by trituration and succussion*, and their *exact methodus medendi*, &c." Says Rau p. 116: "The vital process (of the Homœopathic remedy) is neither mechanical nor chemical, nor stoichiometric, nor electro galvanic." "All these modes of explaining the vital force *having been found imperfect*. (How? only by hypothesis.) We have been induced to designate the power of drugs by the term *dynamic*, basing that power upon the presence of some occult self existing force." Page 123, still further he says: "We are not yet certain, however, whether the basis of *imponderabilia* is a *volatile substance excited into action*."

So much for later discoveries.

#### PREPARATION OF THE HOMŒOPATHIC REMEDY.

How Hahnemann came to hit on this process of spiritualizing his remedies by trituration and succussion, we are not informed.

He says sec. 269, p. 199, that "the Homœopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and to a degree previously unheard of, by means of a peculiar and hitherto untried process." Sec. 270, p. 200 gives his directions for the process of making the Homœopathic remedy as follows: "If two drops of a mixture of equal parts of Alcohol and the recent juice of any medicinal plant be diluted with ninety-eight drops of Alcohol in a vial capable of containing one hundred and thirty drops, and the whole twice shaken together, the medicine becomes exalted in energy to the first developement of power, or as it may be denominated the first potency. The process is to be continued through twenty-nine additional vials, each of equal capacity with the first, and each containing ninety-nine drops of spirits of wine; so that every successive vial, after the first, being furnished

with one drop from the vial or dilution immediately preceding (which had just been shaken) is, in its turn, to be shaken twice, remembering to number the dilution upon the cork as the operation proceeds. These manipulations are to be conducted thus through all the vials from the first up to the *thirtieth* or *decillionth* development of power which is in general use."

In a note, he warns the therapist not to give more shakes than two, as it would develop the remedy "in too great a degree," and thereby embarrass the practitioner. Sec. 27 he gives the rule for preparing remedies from metals, minerals, animal substances, neutral salts, &c.

"One and all were in the first place, exalted in energy by alternation in the form of powder (by means of three hours trituration in a mortar), to the millionth degree; that is, one grain should be added to ninety-nine grains of sugar of milk and rubbed in a mortar for three hours, and then one grain of this should be treated with ninety-nine grains of sugar of milk in the same manner. Then again one grain of this last should be treated with ninety-nine grains of sugar of milk in the same manner as the first. The third trituration. Then he says: "Of this, one grain was dissolved and brought through twenty-seven phials, by a process similar to that employed in case of vegetable juices up to the thirtieth development." Then in a note p. 207 he says: "The best mode of administration is to make use of small globules of sugar, the size of a mustard seed." One drop medicating 300 pills.

How Hahnemann found out after the third trituration of mineral and other remedies that it could be carried on in the process of spiritualizing, by succussion as in the case of juices, or as is now used, tinctures, we are not informed, and later writers are dumb on that subject. Modern Homœopathists have invented a shorter process of preparing their remedies, but they still hold and carry out the same theory as Hahnemann.

[To be Continued.]

---

#### ARTICLE II.

*Reminiscences of a Country Doctor—A Western Location—Miasmatic Diseases nineteen Years ago.*

---

MESSRS. EDITORS:—

In compliance with your request kindly communicated through one of your number, I herewith undertake, though always amidst the cares and practical occupations of an active and even laborious professional life, to furnish something for your Journal.



As I have not the time, or in my rural seclusion the means, even had I the ability to enter into full and elaborate discussions of subjects, as those of you should do who are furnished with larger libraries, and whose business it is to teach, I shall attempt in these papers no learned dissertations on specific themes, but give you and your readers (if you shall judge these hasty sketches worthy of being printed) some things from an experience which has not been altogether limited, which has extended over a period of many years, but which I am sorry to say, for the most part, has been recorded only upon the tablet of memory.

It is much to be regretted that practitioners do not keep accurate records of their cases, so that from full and positive data they may know the prevalence of particular forms of disease, the characters they assume at different seasons and under different circumstances, and the treatment which on the whole is most successful. Inferences from data thus recorded and fixed, must be more reliable than those drawn from facts however numerous, but which lie loose in a treacherous memory.

It is true, the more important facts are likely to be remembered, and for ordinary purposes these may be sufficient to indicate general truths and guard against error; yet in some cases, at least, all the circumstances bearing upon the subject, however remotely, are important to be considered; and in all cases those inferences are most conclusive, which are drawn from the largest number of the most specific facts.

Notwithstanding this is true, in relating cases for the benefit or amusement of others, a proper discrimination should be exercised as to the fullness of detail; avoiding on the one hand tedious prolixity, and on the other such brevity and scantiness, as shall not allow of a proper appreciation of the case. In all cases, accuracy in relation, is, of course, essential; and I hope those of you who have a personal acquaintance with me, will believe that I shall state nothing as positive, which I do not recollect with distinctness. Whatever therefore is stated as having occurred, may be regarded as fact and not as fiction, and the facts are remembered in sufficient detail for the present purposes in view.

Near twenty years ago—(the writer instinctively turns to his mirror to see what traces, those years of labor have left upon his person)—yes, it was in the summer of 1838, that as a young man just having successfully passed my examination for the title of Doctor of Medicine, I “brought up” in a village of several hundred inhab-

itants, surrounded by a new but beautiful and fertile county, in the Southern part of Michigan. Within eight or ten miles of this village are a considerable variety of soil, and face of country. There is the gravelly loamy soil and undulating surface of the richer oak openings; the lighter sandy soil of the more naked plains; the level clayey bottoms of the heavy timbered land; and in another direction with a clay sub-soil and a black muck or rich loam upon the surface, there is a more undulating timbered region. Through this village and this varied country, there flows a stream of considerable size fed by smaller branches, frequently interrupted with dams for milling purposes; and in almost every direction, the country is not unfrequently dotted with small wet or swampy places commonly called "cat-holes," and with occasional larger marshes, and a few little lakes. About the period of my arrival, a considerable portion of the country was being redeemed from its native state by the plow-share and grubbing hoe of the farmers; though considerable portions had been cultivated for several years before. The particular summer of '38 was one to be remembered in the history of the west. During the spring and early summer the rains were abundant, filling the marshes and "cat-holes" with water, while before mid-summer arrived, a severe drought was prevailing which continued without interruption till sometime in the fall. In consequence of these or other circumstances, this summer and fall was one of the most sickly seasons that has been suffered in this region. Miasmatic diseases were common, indeed I may say almost universal, and besides the ordinary "chill fevers" and "fever and agues," accompanied as many of them were with severe gastric and intestinal irritations, congestions, and even inflammations, there were not unfrequent cases of dysentery in a distinct and characteristic form.

The physicians were all busy, having more patients than they could well attend, and in consequence of this circumstance, and more particularly by the kind introduction of the most prominent practitioner of the place and a large region around, I was speedily introduced into an active and laborious practice, and had abundant opportunity of applying what knowledge I possessed and could obtain of miasmatic diseases, to immediate practical use.

During the months of August and September, the fevers for the most part were of a very active grade. The patients, after a short period of slighter indisposition, were seized with a chill followed by a very severe fever, with intense pain in the head and back, and very often gastric pain, nausea and vomiting; and sometimes a profuse



serous diarrhœa, most strongly simulating cholera, accompanied the exacerbation of the disease. The fever usually continued with only moderate remissions early in the morning, for from two to four or six days, when with evacuant and diaphoretic treatment, an intermission was obtained, and by the use of proper anti-periodics, the whole could be brought to a speedy termination.

Following the best lights which I then had in books, teachers and senior practitioners on the spot, my treatment in these cases consisted usually of Calomel from six to ten grains, Ipecac one grain, (when the stomach was not too irritable) divided into two powders, one powder in two hours, then followed in a few hours by a cathartic of a neutral Salt, often with the addition of Magnesia: or with a full dose of Castor Oil. This was often followed by an anodyne, Dover's powder, or Morphine and Ipecac, or clear Morphine if the stomach was irritable—the administration of the anodynes however depending upon whether the patient was very restless, or there was much gastric or intestinal irritation or purging, without great determination to the head.

During the height of the fever, cold water was applied freely and constantly to the whole head, and the surface of the body was frequently bathed in cool or tepid alkaline water with the most grateful effects.

If the patient was robust, and the febrile excitement was very severe with high cephalic or abdominal determinations, blood was drawn from the arm with the greatest present relief. A tablespoonful or two of a mixture of a teaspoonful of Cream of Tartar with about one third or one fourth as much of Bicarbonate of Soda in a tumbler of water, was given every hour or two or sometimes oftener. Under this treatment with an additional laxative from time to time to keep the bowels open, an intermission was obtained in a few days, when twelve grains of Quinine were administered in *grain* doses, once an hour or oftener or less frequently, so as to get the whole quantity down some two hours, if possible, before the next expected paroxysm. This with the Quinine we then had was almost invariably successful in arresting the fever. Not one case in fifty of uncomplicated or ordinary fever resisted the effects of these doses.

When severe vomiting and the profuse serous diarrhœa occurred, Morphine in effervescing draughts of Tartaric Acid and Bicarbonate of Soda, or Opium, or either of these articles combined with Acetate of Lead, or enemas of Acetate of Lead and Laudanum, with mustard plasters over the stomach and bowels, and these means varied or com-

bined as required, and vigorously and assiduously pursued, would arrest the symptoms. Quinine during the intermission would prevent their recurrence.

The purging in some of these cases was as rapid and profuse, the discharges as limpid, the blood as speedily deprived of its serum, the cramps as violent, the thirst as intense, the eyes as sunken, the sweat as profuse, the voice as husky and the surface nearly as cold and blue as in genuine Asiatic cholera; but there was not the same poisoning of the system and tendency to death which is described as existing in that disease; active treatment in these cases being nearly always successful. Opium in large doses was sometimes required; Calomel might frequently be added with advantage, and more direct stimulants were occasionally needed.

During these early years of my practice, another complication or form of miasmatic fever used occasionally, though rarely to occur. I refer to the congestive form, or what I believe has been sometimes called malignant or pernicious intermittent fever, or sinking chills. The patient, instead of having a decided and well marked chill followed by an active fever, would at the time of the paroxysm fall into a congestive condition, particularly of the brain and nervous centres, marked by coma and insensibility more or less profound. This was always properly regarded as a state of danger, and if the paroxysms were allowed to be repeated as many as three or four times, would pretty surely terminate in death. Sometimes the patient would not arouse up and become sensible before the time for the next exacerbation, each exacerbating period however, the stupor becoming more profound.

The brief relation of a case will give a better notion of the disease and the mode of its management, than any other form of description. I was called to a patient whom I had sometimes attended—a substantial farmer of middle age, in consultation with two other physicians who had been hastily called in previously. The patient had been in the most profound state of coma for some 36 hours, breathing stertorously, having a feeble and slow pulse with a cool and leaden surface. He fell into that condition somewhat suddenly some 8 or 9 o'clock in the morning of the previous day, after complaining of indisposition for a day or two before. But little had been done or attempted for him when I arrived, as his case had been regarded as one of hopeless apoplexy, with too much prostration of the powers of life to bear depletion. On a minute inquiry into the history of his case, it was found that two days before the morning of his falling



into this state, he had had a slight chill and fever, or what the common people called the "dumb ague." It kept him in the house a part of the day, but the day following he was about his farm, though slightly indisposed. From this circumstance and the peculiar appearance of the patient, I suspected the case to be miasmatic—a congestive chill, or pernicious intermittent—and that the next morning from the time now present would be the period of another exacerbation. Vigorous measures were speedily determined upon. It was considered a matter of primary importance to invite the blood from the brain and other internal organs as speedily as possible. To this end the lower extremities were placed in hot mustard water, a stimulating enema was given, a large sinapism was applied along the spine, and after taking the feet from the water, sinipisms were applied to the extremities also. Nothing was given by the stomach, as the patient could not swallow. He was placed in an easy position in bed; a large kettle of water was directed to be placed on the fire, three small bags of oats some three feet long and as large as a man's thigh were directed to be prepared, and placed in the hot water. When suitably heated, one was placed between the lower extremities, and another on each side down from the arm pits. These were dipped in the hot water as often as they became at all cool, care being taken not to burn the insensible body. In the course of two or three hours under these means, the pulse was increased in fullness, the shrunken state of the surface was nearly gone, the warmth of the extremities continued after the heat was removed, (it was discontinued before its debilitating effects were produced) and in four or five hours after the commencement of these appliances I had the satisfaction of seeing the perspiration commence, and the patient begin to swallow. He soon after spoke, complaining of the heat of his drink. The other physicians as they had been some time in attendance, and as I was regarded as the regular family attendant, had left me in charge soon after the commencement of the treatment. As soon as the patient swallowed and spoke, I commenced the administration of Quinine in solution, together with warm ginger tea, some liquid nourishment, &c., and gave half a dram of the Quinine before morning. The patient recovered from that time, though with some cough and bloody expectoration for a few days, from the severity of the congestion of the lungs, and with some moderate brain symptoms lasting likewise only for a few days. The years of experience, with some reflection which has occurred since, would scarcely enable me to improve on this treatment. Its results are among the most satisfactory of an active professional life.

With regard to the treatment of ordinary miasmatic fevers, the results of later experience and the change of professional opinion respecting the use of Quinine, have modified my practice. I have found that bleeding in nearly all simple cases can be dispensed with, though affording temporary relief, and subsequent debility can thus be avoided. I have of late years given the Quinine in larger doses, at somewhat longer intervals, and have not been so particular to obtain a perfect intermission of the fever before resorting to it. Whether from a change in the quality of the Quinine or in the character of the fevers, or whether the mode of administration has an effect, I have of late years so often found as many as twenty grains necessary, that with full grown adults I usually prescribe that quantity during an intermission. I usually give it in four equal doses, often adding to the whole from half a grain to a grain of Morphine, especially if the intermission is not perfect, and not unfrequently combined farther with a dram or two of common salt, especially in chronic cases. When this, and particularly larger doses of salt are given, less of the Quinine I find required. I always aim to give the whole quantity necessary to produce a full anti-periodic effect—that is to break up the fever, *during one intermission*. This my experience has taught me to be by far the best plan. I could give my own crude reasons, but the limits of this article will not permit. To remove many of the consequences of ague from the system, I am partial to the Acetate of Potash, a dram in solution during the twenty-four hours, so highly extolled by the late Dr. Golding Bird.

Should this be acceptable, you may hear from me again respecting particular endemics, and perhaps curious individual cases in medicine, obstetrics and surgery, such as during the fifth of a century have occurred in the practice of

A COUNTRY DOCTOR.

---

#### ARTICLE III.

##### *Is Arsenic a Tonic?*

Being called upon not long since to prescribe for what was denominated and described as “weakness of the stomach” in a female, I accordingly did so, and put up for her, to be taken three times a day just before meals, what I designed as a slightly stimulant, stomachic and tonic, viz: Comp. Tinc. Cinchona, Elixir of Vitriol, with one or two other adjuvants, hoping that by the time that was used up, the



digestion would be improved. After the lapse of several days, the lady alighted from a carriage at my office door and came in, returning the balance of the medicine, and stating that at first some little benefit was experienced from it, but latterly she was not conscious of any perceptible improvement and desired investigation into her condition, which I proceeded to make as best I could, relying chiefly upon the history of the case. She informed me that about six weeks previously, she had been attacked with chills and fever, and having some objections against Quinine as I conclude, though probably, however, on the ground only of its bitter taste, her physician gave her Arsenic; stating that it would do no harm, was equally certain to cure without the liability to a relapse as in the use of Quinine. Probably she would have done well enough, notwithstanding the carelessness of the physician in neglecting to give the necessary precaution, had she not carried the thing a little too far. Hence, before withdrawing the agent, as she wished to take *enough*, and was told that it would not harm her, she began to experience a slight irritation or burning sensation in the stomach, which soon began to reject both the medicine and whatever else was put into it, exciting, of course, some fearful apprehensions that all was not right, or that the medicine was doing mischief; and no more was taken. True, she had no more chills or fever, but from this time her appetite was gone, or complete anorexia ensued; digestion was very much interrupted, if, indeed, the function for a time was not entirely suspended; as she informed me that three weeks elapsed without having a single alvine evacuation, which, however, though somewhat improved, was still imperfect. She complained also of a pain in her left side, and this though constant, had been slightly shifting in its position; a sensation of weight or uneasiness in the epigastrium; the countenance and tongue indicating some biliousness, while the pulse and other phenomena denoted general debility and sluggishness of the whole system. Though unable to do anything, she had not kept her bed at any time.

Accordingly in the first instance, I prescribed Blue Mass, gr. xij., made into two pills, one to be taken immediately on getting home, and the other at bed-time, to be followed in the morning with pills of Rhubarb, viz: four every four hours until sixteen were swallowed. In a day or two, I again saw her, learned that the medicine had operated finely, and that the pain was entirely gone from the chest; felt considerable better though somewhat prostrated by the action of the agents employed. I then directed what I denominated a tonic pill

(viz: the Quinine pill of the U. S. Pharmacopœa), without, however, divulging the constituents, to be taken two a day until the box of fourteen was consumed. Under the use of these, together with a simple unirritating but nutritious diet, she was rapidly convalescent, though a second box was desired, of which I ordered one per day until gone, since which time has enjoyed very good health with the exception of occasional constipation.

Now arsenic, as is well known by the profession, is claimed in small doses, at least by most authors, to be a tonic. Also, much has been said both in and out of the profession about the use of it as a cosmetic, or beautifier of the person, particularly among the ladies of certain countries; which is said to improve their complexion as well as features, giving rotundity or plumpness to the whole exterior, and rendering them more delicate and attractive or captivating, &c., without preceptibly depreciating the health; ultimately acquiring the habit of eating quite large quantities with impunity, which to me seems wholly incompatible both with the results of working in arsenic manufactories, as given in the books, and the example of slow or chronic poisoning by arsenic, as related in medical jurisprudence, or toxicology, produced by small repeated doses. Indeed, how would it be possible for any case of chronic poisoning to occur from the use of this agent in any way, if, as is claimed, it is really a tonic in small or medicinal doses? The thing is a contradiction and consequently untrue, at least, according to our reasoning and experience. But to the subject.

What, we inquire, was the effect in the cure under consideration? It may be difficult, perhaps, to arrive at the precise pathological condition produced, but I opine we are safe in saying that whatever else it might have done, it did not impart anything like tonicity. Indeed, so far from acting as a tonic, or invigorator, it seems to have materially impaired the digestive function, probably by bringing about partial, and for a time almost complete paralysis of the fibres of the muscular coat of the stomach and intestines. Hence the torpidity and constipation that immediately followed. After the lapse of the astonishing period above mentioned, during which the *prima via* had not been cleared, viz: three full weeks without the slightest action of the bowels, the latter began to respond again to their natural stimuli, viz: their contents; restoring once more, though slowly, the peculiar vermicular motion natural to them, which continued to increase until a normal state of things was nearly or quite established.



Now in conclusion, in view of the above facts, we venture the assertion, high authority to the contrary notwithstanding, that whatever else arsenic may or may not be, it is in no sense a tonic; and whatever effect of this sort may have seemed to be derived from its use, has in our opinion rather been the result of its antiperiodic than any direct tonic properties. Taken into a system depressed by, the influence of malaria, the peculiar disease, or morbid condition set up by the presence of the latter, is obviated, and the original tonicity of the system returns as a natural result, or, its foe vanquished, is once more permitted to resume its rightful reign. Neither do we find that arsenic is a constituent of the system, or any part of it; hence it can impart no vigor or elasticity to the muscles by being taken into the blood and through this medium, transmitted to the solid textures of which it forms no part.

Kankakee City, Ill., June 26th, 1857.

JAS. A. BROWN.

---

#### ARTICLE IV.

*Report of a Clinical Lecture delivered in St. Mary's Hospital,  
Detroit, to the Clinical Class of the University of Michigan.*

BY PROF. A. B. PALMER, M. D.

REPORTED BY WM. E. THOMPSON.

GENTLEMEN:—On the most superficial inspection of the patient before us, we see there is a decided enlargement of the abdomen and of the lower extremities, and considerable fullness of the face and of the areolar tissue of other portions of the body; and that his breathing is somewhat obstructed and laborious. From these appearances and from your previous knowledge of disease derived from reading and the hearing of lectures, you have at once suggested to your minds the notion that this man has Dropsy.

Dropsy, you are aware, is an *abnormal collection of aqueous fluid in the body*, or any part of it. It is a single condition or symptom attended by a variety, not a uniformity, of other morbid states. It varies as to the location of the accumulation, the action of that accumulation on adjacent parts, the chemical properties of the fluid, and its mode of origin.

The fluid of dropsy may be in any of the *serous cavities* of the body, may be confined to one or a few, or be present in all. It may

be *free* in such cavities, or it may be *encysted*. It may also be effused in the *parenchyma of organs*,—internal organs as well as the external *areolar tissue*; and when thus effused or infiltrated, is called *œdema*.

Pathologists speak of three kinds of dropsical fluid, each varying from the rest in chemical properties. In the first, the fluid has the same composition as the *serum* of the blood; in the second, it has the composition of the *plasma* of the blood, *fibrin* being added; and in the third variety, it has neither the composition of the serum or the plasma, and is called *spurious* dropsy.

In most cases of Ascites, Hydrothorax, Anasarca, &c., the fluid is serous, does not contain fibrin, and is not spontaneously coagulable in any degree. Serum, you are aware, contains water, albumen, fat and salts. The albumen in dropsical fluid varies much in its proportions to the other ingredients. Albumen, you know, is usually coagulated by boiling, or by the application of Nitric Acid. Sometimes the albumen is combined with Soda in the form of an Albuminate of Soda. In this state heat fails to coagulate it; but if heat and the acid are both applied, the fluid becomes cloudy,—the albumen appears. These, therefore, are the tests of albumen.

Other dropsical fluids, as just stated, contain fibrin, in which case more or less spontaneous coagulation occurs; and not unfrequently *urea* is present in these accumulations, giving evidence that the kidneys fail to perform well their function.

Pus and ichor are sometimes found in dropsical fluids, the former the result of inflammation, and the latter of additional disorganizing processes.

But has this man really dropsy? Is this swelling of the abdomen and of the limbs really produced by fluid effused within them? This question is to be settled by a further examination. In Anasarca of the extremities, if the finger be pressed upon the swollen part, a pit is left behind which will slowly fill up. The spaces or cells of the tissue communicate with each other, and when a part is pressed upon, the fluid passes to the adjoining spaces leaving a pit; but it flows through the small apertures back again, when the pressure is removed. By trying the experiment, we see that this is the case in the present instance.

But the presence of fluid in a large cavity, as in the peritoneum, is to be tested in another manner. Now, if gas filled this cavity, it would yield on percussion a hollow or tympanitic sound. We see that the sound is flat. Here, upon the right side in the region of the



head of the colon, we perceive a degree of distant hollow sound, as there is considerable gaseous distention of this viscus and but a thin layer of water over it. A similar, though somewhat modified sound is heard over the stomach; but at the lower and central part of the abdomen it is perfectly flat. The distention is not therefore produced by gas. It is distinguished from a solid substance by the sense of *fluctuation*, which it yields on proper manipulations. You find, by placing one hand upon each side, as I wish you all to do, and pressing with one of them, while the other lies more loosely upon the part, you perceive a sinking of the one side and rising of the other, as a fluid would do in a bladder not too much distended. Again, with your left hand upon one side, if you tap with the right fingers upon the other, you feel a distinct impulse carried through, such as a fluid alone will give. In another ward you will have an opportunity of examining an abdomen filled with an enormous solid mass, and will then be able more distinctly to perceive the difference.

From the character of the breathing and the sibilant rales that are heard in the chest, we conclude there is a degree of effusion in the submucous areolar tissue, diminishing the caliber of the bronchi in some places, causing these sounds. There is not unfrequently in cases of this kind effusion in the pleura, but in this case the evidences of any considerable amount of such effusion are absent. If any evidence was wanting of the presence of dropsy, we have it in the conclusive fact that these punctures in the limbs made a short time since are oozing forth a watery fluid.

We certainly then have a case of dropsy before us, and I have pointed out all these evidences to teach you how to examine other cases, as well as to obtain a full understanding of this, though the discharge of the fluid which is trickling from the extremities, would be sufficient to establish the fact of the Anasarca at least. As I told you in the introductory lectures, we are to observe every circumstance and spell out through the whole alphabet each syllable, word and sentence—in reading the cases we are specially to study.

But *why* and *how* do we have such effusions? How does this fluid come to be in these cavities and tissues? Where does it come from, and by what course does it get there?

It comes from the blood—it is a pouring out of the vessels through their coats, of the serum of the blood. In the normal condition there is constantly a degree of serous effusion taking place into the closed cavities of the body, and doubtless into the cells of the areolar tissue, to moisten and lubricate those parts, facilitating thus the play of their

functions. At the same time that this is going on, absorption is taking place, and in a state of health a due balance is observed. When dropsy occurs, the balance between effusion and absorption is lost, so that the former preponderates over the latter. Now this balance may be destroyed by various means, the chief of which I shall endeavor to point out.

Absorption chiefly takes place by means of the veins. The fluid is taken into those vessels in accordance with the laws of endosmosis, and flows on with the blood in its course towards the heart. If the veins in any part of their course be obstructed, if the blood with its serum be impeded and prevented from flowing freely in its course, a pressure from within the veins outward is produced; effusion is thereby promoted and absorption retarded, and this is one of the ways in which this balance is destroyed. A ligature about a finger will cause bloating of its distal extremity; the pressure of the gravid uterus upon the iliac veins often causes Anasarca of the lower extremities; obstruction of the venous circulation through the liver causes dropsy of the abdomen; obstruction through the Vena Cava Ascendens affects the lower parts of the body; and serious impediments at the heart or in the lungs tend to affect the whole system in a similar way.

In dropsy arising from venous obstructions the resultant actions are not quite *all* mechanical. There appears to be a dynamical or vital force present, discriminating as to the soluble constituents of the blood to be effused. Fibrin, though dissolved in the serum, is not commonly effused with it. Indeed, dropsy not unfrequently arises from entirely other causes than mechanical obstruction of veins. Dynamical or nervous influences are sometimes the chief cause. It may be produced by inflammation. We have familiar examples of this in vesication, pleuritis, peritonitis, arachnitis, &c. In these cases the effect is dependent upon the action of the capillary system, influenced in that action undoubtedly by the nerves. When the inflammation is of a somewhat higher grade, fibrin may be commingled; when still higher, pus may be effused.

In other cases, as in local dropsy from palsy or debility, dilatation of the veins is produced, and dropsy occurs from causes partly vital and partly mechanical.

But the condition of the blood, independent of the bloodvessels or any peculiar action of the nerves, may give rise to dropsical effusions in obedience to the law of varied density in the process of endosmosis. The endosmotic laws have been frequently referred to and fully stated



in the lectures both on physiology and therapeutics, and you must be supposed to be familiar with them. It is sufficient here to say that, when the blood becomes thinner than natural, there is a tendency for the greater endosmotic current to flow through the walls of the vessels towards a cavity or into tissues, rather than into the blood.

If water be largely injected into the blood, dropsical effusions occur. They also occur with the thinness of the blood after repeated bleedings, as in the loss of blood the denser constituents are not readily restored, while water may be speedily supplied to make up the necessary bulk.

Again, dropsy occurs, when one of the solid ingredients of the blood, the albumen, is carried out of it by the kidneys. To this cause of dropsy, as it is a frequent one, I wish particularly to call your attention. In some diseased conditions of the kidneys they take on this action of eliminating albumen, and dropsy is one of the most constant effects of this morbid process.

Again, when the kidneys and skin are materially diminished in their actions, water is retained in the blood. It consequently becomes thinner and more bulky; the pressure from within the vessels is greater, and from the combined action of these causes effusions often abundantly occur.

From obstructed action of the kidneys, urea is sometimes not properly eliminated from the blood, is retained within it, and coming in contact with certain tissues, induces a peculiar irritation or inflammatory action resulting in effusion.

These are the chief proximate causes of dropsy.

Dropsical fluid, when effused, may be re-absorbed or may remain in a structure or cavity an indefinite time. The more watery portions may be absorbed, and it becomes thickened, but it is not organizable and does not coagulate, unless it contain fibrin.

The pressure produced by dropsical accumulations in one part, may develope it in another by obstructing venous circulation. The pressure upon the iliac veins in ascites may cause Anasarca in the lower extremities.

Having made these statements which are necessary to be understood before intelligently examining a case of dropsy, we will proceed to the investigation of the case before us, with a view of making out a more specific diagnosis, not only nosological, but etiological and therapeutical. We wish to know the cause of this state of things and the remedy best adapted to it.

This patient, P. C., is a native of Ireland, aet. 33, sailor. He is evidently a well formed man, intelligent for his class, and before his sickness was of full ordinary mental and physical vigor. You notice, he informs us that his habits have not been the best; that he has used spirits too freely and expose himself improperly. These self-abuses, he says, have continued some years, though his health might be called good till something more than two years ago. He was first attacked at that time, he says, with dysentery, which continued upon him for six weeks, though much of this time he labored and drank and exposed himself freely. After being relieved of these symptoms by rest and treatment, he returned to his former habits, and after a few weeks was attacked with chills and fever accompanied with some dysenteric symptoms. He took quinine, barks and other remedies, but was not permanently relieved until he entered this house in September 1855. After remaining two weeks, he was apparently cured, returned to his former exposures, and in December 1855 was attacked again with chills and fever, pain in his side and cough, and spent the winter in Hospital. In March 1856 he labored a few weeks, exposed to wet and cold daily, when he had another attack; was some weeks without treatment, was again admitted to the Hospital and again apparently cured; returned to employment. Was again attacked with fever, had enlargement of the liver, jaundice and various other symptoms, the result of these various attacks and exposures; but after being under treatment about eight weeks, commencing in September last, he was again able to labor until the middle of last January, when he was attacked with pains in the joints and in the lumbar region and shoulders, coughed much, could not comfortably lie down from pressure in the chest; stomach was irritable and deranged, at one time much nausea and vomiting with some gastric pain; dropsical accumulations commenced in abdomen and throughout the body; scrotum involved; countenance puffed, cough, bronchial rales, expectoration—and with vacillation of these various symptoms he has arrived at his present condition. Lying fully down or upon his left side now causes much cough, and his abdomen and lower extremities are much distended with fluid. The secretion of urine has been variable, sometimes free, at others scanty.

This is briefly the history we derive chiefly from himself.

On percussing his chest, we find a fair degree of sonorousness throughout most of its extent. There is some dullness at the lower part, but this is scarcely more than would be produced by the dis-



tention of the abdomen, pressing up the diaphragm to a height above the normal. There cannot be much dropsical effusion in the chest.

In listening to the impulse and sounds of the heart, they appear to be not sufficiently removed from the natural standard as to induce the belief of any structural disease of that organ. The pulse is regular and quite as full as the general condition of his system would lead us to expect. The dropsy therefore is not apparently dependent upon organic disease of the heart or large vessels.

In listening to the respiration, we hear occasional sibilant and some more or less sonorous rhonchi. These are probably produced by œdema of the submucous areolar tissue, pressing upon the bronchial membrane and diminishing the caliber of these tubes. Occasionally there are moist bubbling sounds, or a mucous rhonchus; there being more or less secretion from the membrane, causing the cough and moderate expectoration which exist. The difficulty of lying down arises chiefly from the fluid in the abdomen, pressing more upon the diaphragm when in that position.

In examining the region of the liver, we are unable to discover any distinct enlargement of that organ, though at a previous period such enlargement did exist. In making up our final estimate of the case this fact must not be overlooked. From present appearances, however, we are scarcely authorized to conclude that the cause of the dropsy is altogether in obstructed circulation through this viscus, or an impoverishment of the blood dependent upon disease of the organ, though both of these causes may have had an important effect in producing the result. We may therefore look still further for a cause.

Disease of the kidneys, as I have already stated, sometimes produces dropsical effusion, either by failing to carry off the water, thereby leaving too much in the blood; or by failing to eliminate sufficient urea, allowing it to circulate through the tissues, irritating them to take on an effusive inflammation; or by carrying the albumen out of the blood, thus rendering it thinner and more disposed to effusion.

In receiving the history of the case, we found that the urine had sometimes been scanty in quantity, but not sufficiently or so uniformly so, as by this circumstance to account for the dropsy. We must look for some change in its qualities to assist us in our conclusions. We have in these test-tubes a specimen of his urine recently voided; and now, on applying heat by the spirit lamp to one, and Nitric Acid to the other, we see that both become cloudy, and after a little time a flocculent mass makes its appearance in the tube. This substance

is albumen, and we are led to suspect by it that the kidneys are more or less in fault—that they are carrying this important ingredient out of the blood, depriving it of much of its nutritious properties and reducing the density of its serum.

By introducing this urinometer into another portion of the same urine for the purpose of testing its specific gravity, we find it stands at 1010, whereas healthy urine is from 1018 to 1025, or even more when moderate quantities are voided. Notwithstanding the albumen it contains, the urine is deficient in solid constituents. It doubtless contains less urea than it should, and some portion of that substance, the result of disintegration and decay of tissues, is left circulating in the current of the blood. Here then we have two conditions, which were before mentioned as producing dropsy. Now, if on repeated examinations from day to day we shall find these conditions of the urine persistent, we shall have reason to conclude that the kidneys are now largely in fault, however much or little the disease of the liver or other parts may have had to do with the beginning, or may now have to do with the continuance of this dropsy.

But this brings us to a more particular consideration of Renal diseases, which, after some further opportunity of observing this case and others having some resemblance to it, will constitute the subject of another lecture.

---

#### ARTICLE V.

*From our Chicago Correspondent.*

---

#### MESSRS EDITORS:

The most interesting event of the month is the meeting of the Academy of Natural Sciences. This body was organized in January last, by a number of gentlemen, for the purpose of cultivating the Natural Sciences, and for the collection of a cabinet and library to which those who were interested in these things should have free access.

On Tuesday evening last, the first regular meeting was held since the society went into operation. The Academy met in the museum, which at present is located in the Dearborn Seminary building. Here the members were gratified by the sight of over six thousand specimens in Natural Science, already collected and arranged, as the



result of six months operations. Many of these specimens are of great beauty and value.

Prof. Blaney is President of the Academy; Professors Davis, Johnson, Andrews, and Drs. Parker and Hoy, and several other gentlemen we understood to be officers of the body.

Dr. E. Andrews, in whose charge the cabinet is placed, has reported that the specimens therein were mostly donations, and deposited by the following persons:

From Robert Kennicott,	- - - -	3,675 specimens.
" Prof. Andrews,	- - - -	700 "
" " Johnson,	- - - -	1,048 "
" " Daniels, State Geologist of Wisconsin,	- - - -	1,000 "
" Geo. Mariner,	- - - -	150 "
" Prof. Blaney,	- - - -	290 "
" Dr. Ullfers, Assistant State Geologist,	- - - -	100 "
" Galena and Chicago R. R.,	- - - -	1 "
" Moses Wright, of Peotone,	- - - -	1 "
" Mr. Thomas,	- - - -	2 "
" Prof. Freer,	- - - -	10 "
" S. Hughlett, of Galena,	- - - -	50 "
" Geo. Andrews, of Detroit,	- - - -	20 "
Total, about		7,047 "

Dr. Johnson read a paper on the use of glycerine for preserving animal organic cells. He stated that Dr. Andrews of this city had made experiments in the preservation of vaccine virus by solution in glycerine, using the solution instead of the solid matter for vaccination, and that by this means the difficult problem of how to preserve the virus in an active state was admirably solved. Dr. Johnson had repeated the experiments of Dr. Andrews with success. He had also examined the solution with the microscope and found the cells perfectly preserved.

In Dr. Andrews experiment, the vaccine matter was kept in solution two or three months of warm weather, at the end of which time seven cases were vaccinated with it without a single failure. If this preparation shall prove, as it now seems to promise, to be a permanent form of the virus, it will be of great advantage. The scab broken into three or four pieces is thrown into a little glycerine, and occasionally shaken. It will slowly dissolve without any further care, and almost any number of persons may be vaccinated from the solution, every new scab the practitioner gets may be dropped into the same vial, and thus he will never find himself destitute, as is now the case, by the loss of the active powers of his crusts.

Dr. Andrews read a paper upon mirage as observed in Chicago and vicinity.

The most important communication of the evening was by Dr. Hoy of Racine, who detailed some valuable discoveries respecting the development of the salamander. The discourse was illustrated by some splendid drawings and several exquisite oil paintings.

I believe Dr. Sager of your State has made a similar series of observation upon other batrachians, but neither has been published. The Academy will probably publish Dr. Hoy's paper with engravings.

The new City Hospital is still unorganized. The Board of Health and the Mayor have together appointed *two* Boards of Medical Attendants equal in numbers and rank—one of physicians, and the other of Homœopaths. The two sets to be assigned separate wards; one quarter of the Hospital being given up to the Homœopaths. They enacted a rule that when a patient was brought in, he should be asked which practice he preferred, and assigned to the ward he chose. It was not said what should be done if the patient were comatose or delirious, and unable to answer questions. Drs. Davis, Miller, Isham, Ross and others were appointed as the physicians of the regular Board.

Dr. Davis publicly declined on the ground that he would not serve in a hospital that employed Homœopaths or any other *paths or isms*.

The city officers were thereat in a fuss, and accused Davis of being under the thumb of Brainard.

I understand that they then applied to Dr. E. Andrews to accept the post. Dr. Andrews replied that he would serve if they first expelled the Homœopaths, otherwise he would not. On learning that this would probably not be done, he informed them, as I learn, that he was not an ass nor the son of an ass, consequently he should not serve in an institution where quacks were to take rank as his equals. It is said that some of the appointees will so far degrade themselves as to accept, merely stipulating, that the patients shall not be asked what practice they prefer, but go to the regular physicians, of course, unless they voluntarily ask for the Homœopaths, in which case the patient desiring it is to be put in the Homœopathic wards. In case this stipulation is agreed to, a part of those appointed think they will serve, they being of the opinion that all objection is obviated by this stipulation, and by the fact that they will not have to meet the Homœopaths in consultation. In my opinion, however, Drs. Davis and Andrews are right. No physician should accept in any instance an



appointment from men who ever propose to put quacks into the same institution. In this case, I think that if any of these men consent to serve the city for nothing and pocket this insult besides, they will show a great lack of spirit, besides being guilty of a grievous error in entering into a connection which practically will lend a part of the dignity of our profession to give imposters a reputable attitude. In this city, where there are three or four regular hospitals, and where the only Homœopathic hospital has just expired of starvation, it is no time or place for us to help patch up the shattered reputation of this infinitesimal *pathy*.

The health of the city continues very good. There are a few diarrhœas and dysenteries, but not much else in the way of sickness, which can be said to pertain to the summer weather.

Chicago, July 20, 1857.

X.

[We insert the above article, as we received it, from our regular Chicago correspondent. We are surprised that the Board of Health should have made such an arrangement just at the time when Homœopathic hospitals have breathed their last in London, and almost everywhere else where they have been tried; and according to the latest and most reliable information, without the precedent of such an institution being *established by public authority* in any country on the face of the earth. But Chicago affects to be a "fast" place—in fact to be ahead of the rest of the world. It certainly is "fast" in many kinds of advancement, speculation and crime; and why may it not be in folly also? The physicians who are named as being on the regular Board, are very respectable medical men, and if they remain in the concern, will, we hope, have reasons satisfactory to themselves at least. Should they decide to do so and ask a hearing before the profession, we shall be ready to grant them one. In the mean time, we feel confident they will "have no fellowship with the unfruitful works of darkness, but rather reprove them."

[EDS. P. JOURNAL.]

---

CREASOTE IN ERYSIPELAS.—Dr. Delarue strongly recommends the following application in erysipelas, which he believes exerts even a specific effect upon the disease: Creasote 8 parts, lard 30 parts, to be applied to the parts every two hours.—*Med. Times and Gazette*.

## SELECTIONS.

## ON ORCHITIS.

BY M. VELPEAU.

In the course of his annual clinical review at La Charité, M. Velpeau made some interesting observations upon the cases of orchitis. These were fifty in number, forty-eight being acute and two chronic. It was remarkable that twenty-four occurred on the right and twenty-four on the left side, two cases being double—one of these being an example of tubercular disease. M. Velpeau observed that examples of tubercular testis should teach us the caution necessary in laying down absolute laws in pathology. Louis has laid down such a law in stating that when tubercles are found in any other organ, they will also be found in the lung; but the testis offers numerous exceptions to this, which it is necessary to bear in mind, lest our prognosis be needlessly unfavorable.

Of the forty-eight acute cases, three were parotidean, two were due to masturbation, six occurred without appreciable cause, and thirty-seven arose from gonorrhœa. The variety of orchitis due to mumps, of which there were three examples, should be distinguished from the others, and it has neither the same duration, mode of progress, or appearance. The epididymis is moderately swollen, the testis is increased in size, and the scrotum is slightly erysipelatous, while there is generally no fluid in the tunica vaginalis. This form is rapidly developed, reaches its height almost at once, and then decreases spontaneously, resolution soon being completed. It is evidently quite a special kind of inflammation.

In several cases masturbation was suspected, and in two was ascertained to be the cause; and it is easy to see how orchitis may arise from irritation induced at the lower part of the urethra by this practice. It is, however, only of late years, after close interrogation of the patients, that M. Velpeau has admitted this as a cause of orchitis. It is a variety also requiring to be studied apart. There is less swelling of the epididymis, and little or no fluid. If the cause ceases, resolution takes place in three or four days.

Six of these cases are said to have occurred without appreciable cause,—that is, independently of all inflammation or irritation of the urethra. The patients often attribute the occurrence to a strain, but the data furnished by anatomy have led to the denial of the influence of this cause, inasmuch as compression of the cord cannot be produced by the external ring. This doctrine has prevailed since the time of Winslow, but then the external ring only was taken into account. Since then it has been shown that a bundle of fibres extends from the external edge of the aponeurosis of the rectus to the crest of the ileum. These form an arch with its cavity upwards, upon which the cord lies, making a more or less acute angle at the internal orifice of the inguinal canal. It is the compression exerted by this



fibrous arch during straining that may become an occasional cause of orchitis, when it has been carried far enough to notably impede the circulation through the cord.

Of the thirty-seven cases of gonorrhœal orchitis, in seven or eight there was no notable quantity of fluid in the tunica vaginalis; and in employing punctures in orchitis, there never flows out a quantity of fluid equivalent to the volume of the tumour. We may always observe swelling of the epididymis, or of the testis, or of both. The fact of simultaneous swelling of the epididymis and of the testis shows the impropriety of the term epididymitis that has been applied to orchitis. It is, indeed, often difficult to determine the presence of fluid when there is swelling of the testis, or even when the testis itself is healthy. The testis gives to the finger, in fact, a sense of fluctuation. But if we grasp the scrotum, so as to cause the tumour to project forwards, if there is even but a thin layer of fluid, we find it presenting a non-resisting plane to the finger, which, giving way, allows us to come upon a more resistant plane, in which we still perceive fluctuation. This last is the testicle; but to distinguish slight accumulations, it requires that the finger should be well exercised. The vas deferens is affected in the majority of cases, being swollen and painful; and this is of importance, for such a condition of the canal implies a longer duration of the orchitis. The testicle may indeed be compared to an inflamed gland, and just as sometimes we do not perceive the inflamed absorbent vessel, so here there may be an absence of swelling of the vas deferens. Swelling of the epididymis also implies a longer duration of the affection; and it may be stated that this will be less in proportion as the testis is more affected than the epididymis and the vas deferens.

The mean duration was in these cases sixteen days; forty-six of the patients were cured, two were not so when they left, and one of these afterwards died. In this case the orchitis was not very severe, and succeeded to a mild gonorrhœa, contracted by a young man having hypospadias. He died of peritonitis; and on examination, all the seminal passages were found to be the seat of blennorrhagia. The vesiculæ seminales were in a state of suppuration, and the peritonitis had originated at the recto-vesical cul-de-sac. This is a rare case; but, as M. Velpeau has long since remarked, inflammation of the vesiculæ seminales is by no means a rare affection after gonorrhœa. The treatment of these patients has consisted in the employment of rest, cold, suspensories, mercurial inunction, and either single or multiple punctures with a lancet, abstaining from leeches. Punctures, by giving issue to the fluid, give great relief to the patient, certainly abridge the duration of the disease, and exempt from inconvenience. In appreciating various modes of treatment, we must never lose sight of the varieties of the affection, for these will explain much of the success said to follow some of the modes proposed.—*Brit. and For. Med. Chir. Review and Charls. Med. Journ. & Review.*

---

EMPLOYMENT OF THE YELLOW JESSAMINE (*GELSEMIUM SEMPERVIRENS*) IN GONORRHOEA. Letter from JOHN DOUGLASS, M. D., of Chester District, S. C., to Dr. F. P. PORCHER.

---

[From the Charleston Medical Journal and Review.]

BLACKSTOCK, April 13th, 1857.

*My Dear Sir:*—I noticed in the last number of the Journal an interesting communication on the medicinal properties of the Yellow Jessamine. It has been a matter of surprise to me that it has not attracted more general attention by the profession; but, in fact, we are all too remiss in testing the virtues of our indigenous remedial agents. Mr. Elliott, in his Botany of South Carolina, says, that the flowers, root, and the whole plant are narcotic, and that a saturated alcoholic tincture had been long used with marked success in rheumatism. Dr. Mayes, in the communication above alluded to, has given a highly satisfactory detail of the diseases to which it is applicable, and it should secure the notice of every practitioner. I have never administered it but for one form of disease; and as Dr. M. has said nothing in reference to its adaptability to that malady, I have concluded to send you this short note, by way of an *addendum* to Dr. M.'s Report.

About thirty years ago, I was called on, in my office, by a young man who had been suffering several months with improperly treated Gonorrhœa. One of my pupils begged me to give the case to him, observing that he could cure the most obstinate cases in a few days with the root of Yellow Jessamine. A small handful of the root was put into a common junk bottle of whiskey, and the patient ordered, in a day or two, to take a table-spoonful of this tincture night and morning. He took but a few doses before he became much alarmed, and called on me, stating that the medicine had destroyed his vision. The symptoms he described correspond precisely with those mentioned by Mr. M. Every symptom of Gonorrhœa had disappeared, and the cure was permanent. Since that time I have treated many cases of the same character in a similar manner, with uniform and speedy success.

My experience with the medicine is not sufficient to determine whether it is absolutely necessary that the patient should be fully narcotized, but such was the condition in every case which I treated. I have no doubt but a more protracted use in smaller doses would answer the purpose.

I remain very truly, your friend,

JNO. DOUGLASS.

---

HERNIOTOMY IN AN INFANT SEVEN WEEKS OLD.—Mr. Wm. Rayner records (*Lancet*, April 4, 1857) a case of strangulated irreducible hernia of the right side in an infant seven weeks old, attended with stercoraceous vomiting, in which he successfully operated.



## EDITORIAL AND BOOK NOTICES.

CRIMINAL ABORTIONS.—Many of the journals have of late had considerable matter in reference to this subject, suggested by the late action on the subject in the Suffolk District Medical Society, in which, a report embodied in no equivocal language, making a clear exposition of the causes of the increase of the crime, and the measures necessary for its suppression, in the opinion of the reporters, was made by a Committee instituted for that purpose. The report deprecating the increasing prevalence of this crime, and suggesting for its prevention more rigid legislative enactments.

In regard to the wisdom of such a course and the advantages to be derived from such action as suggested by the report, a great difference of opinion has been already expressed. While the action of the S. D. M. Society and the tenor of the report has been approved by many, and the matter has excited such general interest, that even the American Medical Association has taken notice of it by the appointment of Dr. H. M. Storer, a Committee to report on "Criminal Abortion, with a view to its suppression;" others have doubted either the wisdom or expediency of agitating the subject.

In regard to it, the *Boston Medical and Surgical Journal* uses the following language: "Argue as forcibly as they may to their own satisfaction, the Committee will fail to convince the public that abortion in the early months is a crime, and a large proportion of the profession will tacitly support the popular view of the subject." Another writer in a counterblast to the report says: "Make the law more rigid than it is now, and the "great caution" will only be rendered greater, and the "fact that both operator and patient are extremely desirous of concealment" will continue to be a fact, and a fact still more difficult to prove." Such are some of the arguments of the cavilers at this action; meantime the subject has been exciting a very general interest and expression of sentiment.

What has originated this important movement and excited so general expression of interest, is without any doubt the increasing frequency and diminished secrecy of this crime,—evincing a lamentably bad state of the moral sentiment in regard to it; and the very great need of some means of prevention.

That the custom is becoming alarmingly common, is a fact. It is surprising with what candor and apparent absence of criminal intent, in fact, with what unconsciousness of guilt attaching to the act, re-

spectable and even reputedly Christian women seek the counsel and aid of their physician for this purpose, and with what increasing frequency these calls are made; nor do they come either, chiefly from those having the excuse of shame or poverty, but from those happily married, and comfortably if not more fortunately circumstanced—often from those whose only reason for it is the deprivation of the gaieties and frivolities of a fashionable life. If then this crime so much against nature, against the instinct of maternity, and opposed to the reason of even the weakest mind, and a penal offence at that, is increasing in frequency, it is well to ask, why it is so? If all these circumstances have been insufficient not only not to check it, but not to prevent its increase, there is a responsibility somewhere. It is said, it is because either the penalty is not severe enough, or because of the difficulty of detection. Both of these undoubtedly have an influence, but they are not all. A still stronger reason is, because of the difficulty of *conviction*. We have known prosecutions repeatedly commenced under indictment for murder resulting from these attempts, the county put to large expense, and where the evidence was unequivocal and unimpeached, and we are yet ignorant of any conviction—even when as graceless scamps and notorious quacks as ever poisoned silly women were the parties concerned.

How the acquittals or *clearances* were effected, we can not pretend to explain; we only know there are more crooks and turns about law and its administration than our poor philosophy ever dreamed of, and that law is a great deal more uncertain than medicine—that a prognosis in regard to the termination of a case may be arrived at in medicine, of some reliability, but that law is particularly remarkable for its uncertainty.

The controlling reason nevertheless has been simply, because the same public sentiment, the same *charitableness* and *easy virtue* which encourages this criminal custom, also operates against conviction—even where evidence is not wanting in these cases confessedly difficult of proof. Just as where every man carries his bowie knife and revolver, and is ready to use them on any provocation, it is next to impossible to get a conviction for murder. It is the same species of *philanthropy*, which prevented the enactment by our State Legislature last winter of the law for the Registration of Births, Marriages and Deaths, because forsooth, it would cause unpleasant exposure of the shame of parents of illegitimate offspring—sacrificing the good of the commonwealth to a false charity for the few deserving of pity. The same reprehensible unconcern, yes wicked in-



difference which permits our daily papers to be defiled by shameful advertisements which should not be read, and cannot without defilement, by women or youth; and encourages the perpetration of this crime by publishing openly and uncondemned the ready method to all in any way interested.


It is evident then that the fault is with the public opinion, that is, that moral, religious, intelligent and influential ones either do not regard it with the right sentiment, or do not manifest their feelings and judgement in the manner which is requisite. Now who from their knowledge, associations and other advantages possess the power of influencing public opinion on this subject? Most assuredly, the physician. And is there no responsibility resting on our profession? We are confident that no considerable number of the members of the regular profession in any manner countenance, or even tacitly support the popular sentiment on this subject, as stated by one of the journals. But by discountenancing and expressing a proper sentiment, have they done their whole duty? No, they have not. They are still amenable to the charge of remissness. If our patients are exposed to a contagious disease, it is incumbent upon us not alone to entertain a proper appreciation of this danger, nor further to warn them of it, but to adopt active means to prevent their infection, and to endeavor to check the spread of the epidemic. The profession has not then exercised that influence which has been in its power to exert, and herein lies one forcible reason for the increase of this crime, and a strong argument for the popular dissemination of genuine physiological knowledge.

The most impressive preaching of its immorality, or the fears of detection and punishment, even if punishment were likely to follow, would not be sufficient to act as a check. The Bible has been faithfully taught for eighteen hundred years, and yet it has not availed to check all evil tendencies even in its believers and professed followers; nor has the fear of the most rigorous penalties been sufficient to prevent the commission of crime. We would argue then that the duty devolves upon the physician, not alone to teach its immorality, or to threaten exposure, but to show vividly and impressively the penalties which must follow from thus thoughtlessly disregarding physiological laws, and ruthlessly interfering with this important and controlling function of the economy. He should point out the dangers, the agonising sufferings, and painful death so frequently the immediate consequence of this act of these so "rashly impudent" ones, and that even where these immediate consequences are

averted, the certain though more remote, but no less deplorable ones; the ruin of health and unfitting for the enjoyment of the pleasures and amenities of social life, the years perhaps of lingering suffering more intolerable than the prospect of a release by death itself; and the unfitting for the future performance of maternal duties, the highest and holiest in which a woman can be engaged, the nurture and education of a family.

Still there are those to whom all these representations have been made, so rash and so blind as to reply, "They are willing to run the risk." Nevertheless, we believe, as we before stated, that herein lies the true duty of the physician. It may not be his business, he may think, to preach its wickedness; that he leaves to spiritual advisers; nor to make the laws, or to bring prosecutions, or to threaten punishment; that he leaves for the makers of the law, its administrators, and the friends or relatives. But it is his duty to show the physical evils that must result, that cannot be entirely averted. This is a duty he can delegate to no one. We do not say he is travelling out of the line of his duty in dwelling on these other points, but if he neglects this, he comes sadly short of his duty. E. P. C.

---

 We see from our exchanges that Dr. James McClintock, of Philadelphia, has received the appointment by the Guardians of the Poor, of Resident Physician in Chief, at the Blockley Hospital, the great receptacle of the sick paupers of that city, and that the Assistant Physicians of the institution have thereupon resigned in disgust.

In order to judge of the propriety of the course of these physicians, we must know who this Dr. Jas. McClintock is, and what has been his course heretofore.

Dr. McC. some years ago maintained a standing among regular physicians, was a professor in two or three medical schools—the last one in Philadelphia, which he managed as proprietor, teaching two branches himself and employing the remainder of the faculty. This school, however, held an equivocal position, its proprietor was regarded by many at least, as an Ishmaelite in the profession, and it did not receive sufficient patronage to justify its continuance. Failing to make his professional talents pay, exercised as a teacher or practitioner, he assumed the character of an open quack, and entered into an arrangement with a speculating firm in New York, furnishing a series of recipes for so-called "Family Medicines," vaunting them as possessing peculiar virtues, and selling them as secret specifics.



At the Meeting of the American Medical Association in this city, he was expelled from that body of which he had become a member some years before, and was denounced everywhere as an apostate from honorable medicine—a pretender to secret nostrums which were a cheat upon their face, or which must prove injurious indiscriminately used, and as consequently a dishonorable and dishonest man.

Like every thing else which this man has touched, the speculation failed, involving it is said in heavy loss those who were associated with him and furnished the funds. It is stated by good authority that a certain sum of money as a bonus was paid to Dr. McClintock for thus prostituting himself and betraying his profession. After the whole affair failed, and his secret recipes were no longer of value, instead of bringing back the “thirty pieces of silver” to be appropriated to the purchase of a “Potters Field,” and going away to “hang himself” in secret; with a shamelessness which his prototype never could have been guilty of, he brought his worthless recipes and cast them at the feet of the profession, and with a paying medical appointment in view, asked to be recognized as one of the Apostles of a cause he had so dishonored and betrayed!

By what means and influences he received the appointment as the head of Blockley Hospital, we do not know, nor is it material. We care not how deeply he regrets the failure of his speculations, or who are his backers. The open and public facts are as we have stated them, and are more than sufficient to call for the resignation of those honorable men who have had this apostate placed over them.

If the necessities of this man moved these kind hearted Guardians of the Poor to make the appointment, we are sure that we are but expressing the sentiments of the profession when we say, that the example would have been more conservative of public morality, had they provided for him in their institution by placing him in a far different position than that of its head.

---

**PROFESSORIAL CHANGES.**—Prof. R. M. Huston has resigned the Chair of Materia Medica and Therapeutics in Jefferson Medical College, Philadelphia, in consequence of ill health, and Prof. Thos. D. Mitchell has been appointed to fill the vacancy.

Prof. Mitchell has long been a popular teacher of this important branch of Medical Science, and if he has not the vigor of early manhood, he has the mature experience of age. He will doubtless be an acceptable teacher, and the popularity of the institution will not be diminished by the change.

Several changes have taken place in Rush Medical College, Chicago. Prof. J. Evans and Wm. B. Herrick, who have long been connected with the school and contributed much to its standing, have resigned, retiring from the profession. Prof. H. A. Johnson has also resigned the Chair of Materia Medica and Medical Jurisprudence. He has, however, been appointed to the Chair of Physiology and Pathology, which Prof. Herrick held, leaving the chair of Mat. Med. vacant, as well as that of Obstetrics, formerly occupied by Prof. Evans. The latter of these has been filled by the appointment of W. H. Byford, M. D., of Indiana; and the former by John H. Rauch, M. D., of Iowa.

Dr. Byford stands well in his locality as a man of ability in his profession. Of the position of Dr. Rauch we have no knowledge, but the North Western Journal, the organ of the school, represents him as a man of scientific attainments.

The Medical College of Ohio located at Cincinnati, and the Miami Medical College of the same city have "consolidated." The Miami ceases to exist, and four of her faculty go into the Ohio College; as many of that faculty going out. In the arrangement, our venerable friend Prof. R. D. Mussey, who was at the head of the Miami, is left out, and our able younger friend, Prof. Armor of the Ohio, also retires. The Ohio *Medical Observer* announces that it "is not comprehended in any of these consolidated enterprises."

---

UNIVERSITY OF MICHIGAN.—We have just been shown an elegantly engraved certificate of attendance on the course of applied chemistry in this institution. This is a course of advanced chemistry recently instituted, and is designed to embrace every department of the science as applied to medicine, pharmacy, toxicology, manufactures and agriculture. On the certificate there is a very accurate representation of the building just erected for the accommodation of this special department of instruction. It is a neat one story brick edifice. The rooms of the interior have high ceilings, are well lighted, and the most ample provision has been made for ventilation. It has also been furnished with the most approved modern appliances for chemical investigation, such as furnaces, sand, water and air baths, balances, &c., &c. Each student in his course is assigned a table, furnished with all the apparatus necessary for any investigation. Thus provided, with his own hands he prosecutes his examinations under the instruction of the professor, and acquires both the skill in manip-



ulation and thorough knowledge of chemistry that will prepare him for any department of the industrial arts.

But few institutions in this country have as yet provided for this advanced course of chemical instruction, and we take great pride in saying, that in none is the provision more ample and complete than in the University of Michigan.

---

A MANUAL OF EXAMINATIONS UPON ANATOMY, PHYSIOLOGY, SURGERY, PRACTICE OF MEDICINE, CHEMISTRY, OBSTETRICS, MATERIA MEDICA, PHARMACY AND THERAPEUTICS, especially designed for Students of Medicine. To which is added a Medical Formulary, by C. L. LUDLOW, A. M., M. D., &c., &c. A new edition thoroughly revised and much enlarged, with three hundred and seventy illustrations. BLANCHARD & LEA, Philadelphia.

The author claims for this work simply what its title indicates, "A Manual of Examinations," to give his own words: "The object being, to give at a glance the principal points necessary to guide the student in the prosecution of his studies, and to revive his recollections of subjects treated upon in more voluminous works."

Works of this kind have acquired a popularity among students, as aids to the memory, and, of course, are in constant demand, as is evidenced even by the simple fact of a new edition of this work under consideration, being already called for, with others of a like character supplying the vender's shelves.

When such a want exists, it is important that works commendably adapted to that purpose should be supplied—works not too voluminous and recondite on the one hand, nor too abridged and superficial on the other hand. To meet this happy mean, requires great care and nice judgment, together with an intimate acquaintance with each of the different departments of medicine and their relative bearings, &c., and the points of special interest and importance in each. To profess to give any thing of a compendium of medicine in a volume of this kind, would be as absurd as professions of going over the whole or even all the most important elements of medical science in a course of four months lectures.

But our author makes no such pretensions; and in the main, we regard his work as well adapted for its professed object, and that the author's claims are valid.

Abundant illustrations of the text are furnished by means of wood cuts, well executed, a decided advantage and help to the student.

Still, we regard the author as having erred in his judgment, on the side of brevity. Perhaps nothing has been included which might without disadvantage have been omitted, but he has omitted much without which the work is incomplete. The fault is that of omission and not of commission. For example, in the department of Physiology, no space whatever is devoted to the subject of the physiology of the generative organs or of generation. The whole subject is entirely ignored. This, however, it might answer for a work of physiology designed for popular use, is not exactly the thing for medical students.

However, we doubt not it will prove well adapted for its purpose.  
For sale by Raymond and Selleck, Detroit. E. P. C.

---

ON THE DISEASES OF WOMEN; INCLUDING THOSE OF PREGNANCY AND CHILDBED. By FLETWOOD CHURCHILL, M. D., T. C. D., M. R. J. D., &c., &c. A new American edition, revised by the author. With notes and additions by D. FRANCIS CONDIE, M. D., Fellow, &c., &c. BLANCHARD & LEA, Philadelphia, 1857.

We have received from the publishers through Messrs. Raymond and Selleck the above work of Dr. Churchill, and have scarcely more than time at present to announce the fact. The profession are familiar with the former editions of this work, and will know how sensible and reliable the author usually is. We intend hereafter to give it a more careful examination and a more extended notice; in the mean time our readers may be confident that the work is up to the present day in the improvement in this department of medical pathology and therapeutics, and that facts will not be tortured for the purpose of accommodating them to favorite theories, as is too often the case. We have always admired Dr. Churchill's fairness and candor, and think him less liable than most authors to sacrifice truth to the appearance of originality.

---

FUMIGATIONS OF ESSENCE OF TURPENTINE IN ITCH.—Dr. A. Anselmier extols this mode of treatment proposed by M. Aube. The patient, on going to bed, sprinkles on the sheets and the clothes he is wearing thirteen drachms of essence of turpentine. When he awakes, he is said to be cured. His bed and clothes are freed from the infection, and the odour of the turpentine is lost in two or three days.  
—*Am. Journ. of Med. Science.*



## MISCELLANEOUS.

Dr. Henry Tiedeman, a highly respectable medical gentleman of Philadelphia, has lately published a pamphlet on the subject of *Dysentery and its Treatment*; and from a somewhat extended notice of it in the *American Journal*, we condense the following account of his treatment, constituting the chief peculiarity of the monograph.

Dr. Tiedeman states that by the treatment he has pursued, and an outline of which he gives, he has during the last six years succeeded in curing upwards of 300 cases without a single death occurring in his practice during the time.

In order the more fully to understand his mode of treatment, the different stages into which he divides the disease must be given. He says:

“I know only of two symptoms which are characteristic of dysentery, and which always suffice to recognize the disease. *The first is tenesmus, the second is evacuations.* These symptoms must occur together to establish a case of dysentery. Tenesmus, without the characteristic evacuations, constitutes no more dysentery than the characteristic evacuations without tenesmus would entitle the disease to be called dysentery. In the different stages of the disease the tenesmus also assumes a different character; thus—

“*In the first stage*, it is seldom intermittent, not even in the mild cases; it is only more bearable. In the more violent, as well extensive as intensive cases, the tenesmus is exciting in the highest degree, and truly, torturing, and the discharge of inodorous mucus, mixed with white spheroid granules, with or without blood, gives no relief. As soon as the tenesmus becomes distinctly intermittent, the disease is either on the decline, or it has entered on the

“*Second stage.* The tenesmus is now accompanied by a high state of anxiety, not by excitement, as in the first stage. Every evacuation is followed by great exhaustion and violent burning in the rectum from the anus upwards, whilst tenesmus comes and goes with distinct intermissions.

“*In the third stage* the intermissions are of longer duration; the tenesmus is preceded by greater anxiety, and the evacuations by prostration, even to fainting. The burning sensation in the anus and rectum diminishes.

“These three stages do not always appear in this pure and decided form, as the three stages are sometimes or generally found in different parts of the intestines.

“The symptoms of tenesmus are explained by the anatomical results of the three stages.

"*In the 1st stage*, inflammation and a spongy condition of the submucous tissue. *Discharge*: shreds of the lining membrane of the intestines; brownish mucus, more liquid, and colored with blood, and occasionally with balls of scybalæ.

"*In the 2d stage*, decided sympathy of the mucous membrane and commencement of ulceration. *Discharge*: shreds of the lining membrane of the intestines; brownish mucus, more liquid, and colored with blood, rarely mixed with pure blood.

"*In the third stage*, extension and deep ulceration of the mucous membrane and undermining ulceration of the submucous tissue. *Discharge*: blood mixed with pus, shreds of necrotic cellular tissue, and ichor.

"The evacuations, however, do not always correspond with that described in each of the three stages; and not unfrequently we find, in one evacuation, the discharges belonging to two or three stages at the same time; as all the stages can exist at once in different portions of the diseased intestines.

The following extracts from the Journal will present a view of his plan of treatment, and the remarks of the reviewer, whom we take to be Dr. Condie, respecting it.

"As dysentery in the first two stages, is a hyperæmia of the capillaries of the rectum and colon, and seldom of other parts of the intestinal tube, induced by the disturbed hepatic venous circulation, followed by infiltration and inflammation of the submucous tissue, which in the further progress is communicated to the mucous membrane and changes to ulceration, it distinctly indicates in these two first stages a general and local antiphlogistic treatment.

The *internal* remedy which I have almost exclusively prescribed, and frequently with surprising success, is *nitrate of potassium* (*kal. nitr.*). I have given it in large doses, which agreed perfectly well with the patients. *Locally*, I have ordered, immediately after each evacuation, no matter how often they occurred, *injections of pure cold water*. (In very severe cases, particularly in hot weather, he has ordered injections of ice water with the best effects.) As diet, I ordered milk, gruel, barley, rice-water, toast and water, pure water, and buttermilk as much as the patient liked to take.

The nitrate of potassium and the injections, I continued until the tenesmus had ceased, which, in the majority of cases, happened in from six to twelve hours. As the tenesmus diminished, the mucous and bloody evacuations also diminished, and when it ceased, they generally disappeared entirely.

Before I order the nitre, I consider the state of the digestive organs; which either require an emetic or purgative, or are in such a condition that nitre can be immediately given. If during the treatment with nitre and injections of cold water, evacuations of fecal matter do not occur, at least once in twelve hours, which usually is the case, I recommend a corresponding dose of castor oil.

Under all circumstances, and in every case of dysentery, whether sporadic, endemic, or epidemic, whatever may be the age, sex, or con-



stitution of the patient, Dr. T. has found the above treatment applicable.

When the dysenteric symptoms with all symptoms of fever are subdued; the evacuations having become natural, which he has often found to occur within twelve hours, Dr. T. gives a solution of sulphate of quinine, and, on the third day frequently allows a better diet; after each evacuation he directs an injection of cold water for a few days longer. If regular evacuations do not occur, he orders occasional doses of castor oil.


In the first two stages of dysentery, Dr. T. denounces all other remedies as useless, if not mischievous. In only two severe cases occurring in sensitive females, was he obliged to administer narcotics. When the skin is inactive, he gives the nitre dissolved in an infusion of ipecacuanha, with the addition sometimes of camphor-water.

Under this treatment, Dr. T. remarks, when I was called in time, the disease seldom reached the second stage, never the third; the patient recovered very fast, probably because the disease was not of long duration. I have had but few cases where it lasted longer than seven days; only one lady was ill to the fourteenth day, although the dysenteric symptoms had ceased on the seventh day; she was pregnant on the second month, but did not miscarry. Most cases had already changed so favourably on the third day, all the dysenteric symptoms having ceased, that no more medicine was required, and I could leave the patient, merely ordering a proper diet for a short time to come.

When the disease has been allowed to run on to the third stage, with a continuance of the injections of cold water, Dr. T. directs quinine, tannin, acetate of lead, &c., generally with opium, accordingly as the case seemed to require the one or the other remedy; with daily doses of castor oil, to promote the necessary evacuations, and, in time, a nourishing diet.

Of the treatment of dysentery, in its early stages, exclusively by nitre and injections of cold water, we have no experience. The professional standing of Dr. T. is such, however, as to press it strongly upon our attention. We have prescribed the nitre, occasionally, in conjunction with opium and ipecacuanha, and we are persuaded with the best effects. We cannot agree with Dr. T. in his denunciation of opium as positively mischievous in the early stages of dysentery. We are in the constant habit of giving it from the very onset of the disease, and always with the very best effect. To derive from it the good, it is calculated to produce in this disease, it must, however, be given in large doses. The effect of small and frequently repeated doses is rather mischievous than beneficial. Although we have generally found sporadic dysentery a troublesome and obstinate rather than a fatal disease, we have certainly not been quite so successful in its treatment as Dr. T. In a few cases, occurring in very young, or in diseased and broken down constitutions, the disease has terminated fatally. We very much doubt whether in these cases the termination would have been different had we subjected them to the treatment laid down in the essay before us.

D. F. C."

 In the July number of the *American Journal of Pharmacy* the editor, Wm. Proctor, Jr., Professor of Pharmacy in the Philadelphia College of Pharmacy, gives a new process for making Liquor Ferri Nitratis, or Persesqui-Nitrate of Iron. As this article, manufactured in the usual mode, is difficult to preserve in a pure and reliable form, and as it is one of the most useful preparations of iron, almost invaluable in some cases as a tonic and astringent, especially in certain forms of debility and diarrhoea, we give this new method, presuming from the high standing of Prof. Proctor that what he says on the subject, is entirely reliable. The method is as follows :

Take of Iron Wire, (card teeth or small nails,) three ounces, Troy.

“ Nitric Acid, (sp. gr. 1.42.) five fluid ounces.

“ Water a sufficient quantity.

Mix three fluid ounces of the nitric acid with half a pint of water, and add it *gradually* in small portions at a time to the iron previously mixed with a pint of water, observing to moderate the reaction by setting the vessel in cold water. When all the acid has been added, the solution should be repeatedly agitated with the excess of iron, until on filtering a portion it has a light green color, and with ammonia affords a greenish white precipitate. It is now filtered into a half gallon flask, and the remainder (f.  $\frac{3}{4}$ ij) of the nitric acid added, which converts it, with violent effervescence and the escape of red nitrous vapors, into ter-nitrate of sesqui-oxide of iron. The liquid should now be gently heated to deprive it of absorbed gas, diluted until it measures three pints, and filtered through paper.


Thus prepared it has a pale straw color, a density of 1.098, strong astringent acid taste, affords pure sesqui-oxide on the addition of ammonia, and will keep *without any tendency to change*. It is much more reliable than the variable preparations made by the formula of Kerr. It has been tried in the Pennsylvania Hospital, and possesses the very valuable properties of the officinal solution, when well made.

This medicine is a great favorite with us, and it gives us peculiar pleasure to record this improved method of preparing it in a more permanent form.

---


PREPARATION OF PURE GRAPE SUGAR.—Commercial honey, as crystalline as possible, is spread on porous tiles. The white crystalline residue is dissolved in alcohol and purified by recrystallization ; if necessary, also with animal charcoal. The honey yields about one-fourth of its weight of grape sugar.—*Chem. Gaz.*



 Dr. Bowditch, of Boston, is still urging upon the profession the importance of the operation of Paracentesis Thoracis in effusions into the pleura. He insists that it should not be delayed as a last resource, but should be regarded as among the ordinary appliances of practical *medicine*, in contra-distinction from surgery. He says when the operation is performed with the exploring trocar, it is 1st, as a general rule, less painful than a blister; 2d, that (judging from his own cases) it never does harm; 3d, when fluid is obtained, it *always* gives relief, either temporary or permanent; 4th, that it is the chief, if not the sole means capable of relieving severe symptoms, and even of saving life. The operation with the exploring trocar—a small instrument—is quite different in its severity from that described in most or all of the surgical manuals. Dr. Bowditch exhorts to its trial.

Our own experience with the operation which extends, however, to a somewhat limited number of cases, would tend to confirm the views of Dr. B.

---

 The Pharmacutists and Druggists of the United States are to hold the Sixth Annual Meeting of their Association in Philadelphia on the 8th of September ensuing. The objects of the Association—most worthy ones they are—are set forth in the following article of its constitution:

1st. To improve and regulate the drug market by preventing the importation of inferior, adulterated or deteriorated drugs, and by detecting and exposing home adulteration.

2d. To establish the relations between druggists, pharmacutists, physicians and the people at large upon just principles, which shall promote the public welfare and tend to mutual strength and advantage.

3d. To improve the science and the art of pharmacy by diffusing scientific knowledge among apothecaries and druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention, and encouraging home production and manufacture in the several departments of the drug business.

4th. To regulate the system of apprenticeship and employment, so as to prevent as far as practicable the evils flowing from deficient training in the responsible duties of preparing, dispensing and selling medicines.

5th. To suppress empyricism, and as much as possible to restrict the dispensing and sale of medicines to regularly educated druggists and apothecaries.

We hope our city and State will be properly represented by some of our able pharmacutists.

**OIL OF TURPENTINE AS A CURE FOR ITCH.**—Dr. Anselmier says that of the various methods of treating itch none has been more successful or cheaper than that by Essence of Turpentine. The following is the mode of using: The patient, on going to bed, sprinkles on the sheets and his usual daily clothes about 50 grammes (14 fluid drachms) of Oil of Turpentine; when he awakes, he is cured. His bed and his clothes are no longer infected. The odor of the turpentine passes off in two or three days. This treatment has several advantages: 1st, it attacks the parasites at the time they are most accessible; 2d, fumigation acting by substitution on secondary eruptions is much less irritating than lotions and frictions, whether soapy, sulphuretted or terebinthinated; 3d, the treatment acts at the same time on all the contaminated objects; 4th, not only is it more rapidly efficacious and better than any other, it is likewise the cheapest.—*Chemist.*

---


**SANTONIN AS AN ANTHELMINTIC.**—The very satisfactory effects of Santonin in expelling round and thread intestinal worms are not generally known. G. G. Perry, of Droxford, who has tried its effects in many cases, says:

Among the first cases treated, was that of a child of two years of age, to whom I gave three grains of santonin, followed in two hours by an aperient powder. This child voided the next morning, at one time, thirty-seven worms, some of them a foot in length, of the lumbricoid ascaris kind. Two children in another family were similarly treated, and between forty and fifty worms came from each. Again, in a family of four, 124 worms at one time, and many more afterwards, followed the aperient, each child having taken one dose of santonin. I could instance many more cases which have been relieved by this medicine. After the expulsion of the worms, I give a tonic mixture, containing the muriated tincture of iron and muriatic acid, and change the diet from a vegetable one to that of meat and bread. My cases all do very well.


I should state that santonin is a medicine that may be administered with perfect safety. I give it in its crystallized form, between bread and butter, and two hours after it a dose of calomel and jalap; in some cases an interval of twenty-four hours occurs before the worms are voided.

The persons who reside in the locality in which I have met with these cases, are very poor, and from the high price of bread this winter, have had recourse to vegetables of the commonest description, as an article of food, which will account for the presence of worms in the alimentary canal.—*Med. Times and Gazette.*


---

 The French Government has offered a reward of fifty dollars to every person who shall discover a case of *Vaccinia* in the cow, and propagate the virus through the human subject. Dr. Renucci, colonial physician at Constantinople, has lately made such a discovery and received the prize.



 During the past year a number of distinguished scientific men have closed their earthly course. Among them are Dr. John Ayrton Paris, of London, Author of the *Pharmacologia* and various other works, in the 72d year of his age; Dr. Andrew Ure, formerly of Scotland, but laterly of London, Author of the "Dictionary of Arts, Manufactures and Mines," and several other chemical and physical productions, aged 78; the well known Hugh Miller, of Edinburgh; and in our own country, W. C. Redfield, of New York, the Meteorologist, Author of the "Theory of Storms," aged 68; Jacob W. Bailey, the distinguished Microscopist of West Point; Prof. M. Tnomey, a Geologist of Alabama, and Prof. John Locke, Professor of Chemistry at Cincinnati, Ohio.

---

 At the annual meeting of the Institute of Paris recently held, the prize of 2500 francs for the most important discovery or improvement rendering any art or trade less insalubrious, was adjudged to M. Schrotter for his discovery of the use of Amorphous Phosphorus, which is said to produce none of the baneful effects of ordinary phosphorus in the manufacture of matches. Among the diseases to which manufacturers of matches are subject, is a peculiar caries of the lower jaw. The poison seems to find its way to the jaw by decayed teeth. We have witnessed one case in a woman not engaged in the manufacture of matches, but who lived in an alley in Chicago, with a match-factory within two or three doors on each side of her on the streets. The wind blew the vapor directly into her dwelling, whatever its direction.

---


DR. SIMPSON'S MORPHIA SUPPOSITORIES.—These are spoken of as being much superior to the common opium and soap suppositories in several respects, and are made after the following formulary:

R. Acetate of Morphia, grs. vj.


Sugar of Milk, 3 i.

Simple Cerate, 3 ss.

or sufficient to make a proper consistence, and divide the mass into *twelve* suppositories. Then dip each suppository into the following mixture, to form a coating: Take of white wax 1 part, lard plaster 2 parts; melt together. Insert a needle into the apex of the suppository after rolling it into a conical shape, dip it into the melted wax and lard and then into cold water to harden it before it loses its shape. Where suppositories are needed, and they often are both in surgical and medical practice, these are undoubtedly nice articles.

 Prof. Wittstein, a German Naturalist, has announced the discovery of Lactic Acid, heretofore considered of exclusive animal origin, in vegetables, especially in the peduncles of *Solanum dulcamara*, and in the liquid which dropped from freshly cut vine branches. It would seem the farther researches are carried, the fewer distinctions remain between vegetable and animal substances.

---

 It seems that Oil of Peppermint is produced in St. Joseph Co. in this State to the extent of 28,000 pounds per annum. From 8 to 12 pounds are produced from an acre. This would require the cultivation of from 2000 to 3000 acres, and the annual value of the crop would amount to \$75,000. After the first year the plant is said to require but little attention.

---

**TINCTURA ROSÆ.**—The following formula, attributed to Mr. Squire, is given in the new (1857) edition of Redwood's Supplement to the Pharmacopœia:

Take of rose petals, bruised, five ounces; proof spirit, made with rose-water, a pint. Digest for three days, frequently shaking, and press off. Digest the mass with half a pint of proof spirit for three days, press off, and mix the two liquids to form the tincture for use.

---

**FLUORINE IN THE BLOOD.**—M. J. Nickles has not only found this element in human blood, but likewise in that of other mammalia, as the pig, sheep, ox and dog, and in that of many birds, as turkeys, geese, ducks and chickens. These results give fluorine an importance, not hitherto accorded to it, in physiology, and disprove the opinion of Berzelius that the presence of fluorine in bones is accidental and unnecessary. To yet further prove the reality of this element being a normal constituent of the animal body, M. Nickles has found it in the bile, in the albumen of egg, in gelatin, in saliva, in urine, in the hair, and in fact, in the entire organism.—*Comptes Rendus*.

---

**GLYCERIN AND WOOD SOOT IN CHRONIC ECZEMA.**—M. Bougard, after trying various applications in an aggravated case of chronic eczema, resorted to a mixture of soot and glycerin in equal parts with astonishing effect. Fifteen days' use of this remedy had almost cured the eczema, which was of several years' standing. This result was corroborated by subsequent successful treatment of cases of eczema.—*Jour. de Med. de Bruxelles*.

---

**WUTZER'S OPERATION FOR THE RADICAL REDUCTION OF HERNIA.**—This operation was successfully performed on the 9th of March last on a patient, in the Commercial Hospital, by Prof. Geo. C. Blackman. The instrument was kept applied for six days, with but little suffering to the patient, and Dr. B. satisfied himself three weeks after the operation that the canal was completely closed.—*Western Lancet*.



# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

VOL. V.

SEPTEMBER, 1857.

NO. III.

---

## ORIGINAL COMMUNICATIONS.

---

### ARTICLE I.

*Evidences of a General System of Medical Practice being Taught by Scripture, and a Comparison of this System with Rational Medicine and Exclusive Homœopathy.*

BY N. D. STEBBINS, M. D., DETROIT, MICH.

(Continued from page 74.)

#### DEVELOPED PRINCIPLE IN THE HOMŒOPATHIC REMEDY.

Let us turn our attention to the fact that one drop of Laudanum is a strong dose, if not a dangerous dose for an infant the first week of its existence, and that it is a small dose at the age of two or three years, and that this dose continues to affect the system still less in adult age—so that one drop of Laudanum in adult age comparatively has no effect. But according to the Homœopathic process of dilution and succession, this same drop, if carried through these successions of that process, will make a million of drops of the third potency, or the lower potency; if carried to the sixth succession, it will make a billion of drops, or a million times a million, and so we may add. This drop will indicate the number of drops of spirits in the ratio of 100 geometrical progression; that is the first potency will make 100 drops or 100 grains, if a mineral is used (where they commence with one grain of the material, as we have before seen); the 2nd dynamization is equal to 10,000; the 3rd to 1,000,000; if carried to the

30th, as recommended by Hahnemann, we have a unit with sixty ciphers, representing the 30th potency of the drop of Laudanum, if Laudanum be used. We have taken Laudanum merely as an example. We have found that one drop of any of these potencies will medicate 300 pills. In the note on p. 207 of his *Organon* he says (Hahnemann) that, "by placing one of those (pills) on the tongue and not drinking any after it, the dose is considerably diminished. But if the patient is very sensitive, and it is necessary to employ the smallest *dose possible and attain* at the same time the most speedy results, it will be *sufficient* to let him *smell once*." The nature of this development, as we have seen, is spiritual, as we may see by repeating more fully what he has said on the article Thujah (*Arbor Vitæ*) quoted by Marcy: "The *discovery* that *trituration and succession* develop the *medicinal* properties of drugs in proportion, as these principles are carried on further *until the material substance* shall have been transformed as it were into *medicinal spirit*, is of inexpressible value, &c." Here he was speaking of the 60th potency, which would be equal to one drop of the tincture of *Arbor Vitæ*, medicating an amount of drops equal to the addition of 120 ciphers following a unit. Here we see he had doubled his 30th potency, and the power is so great, that in the same article above quoted he says: "And so undeniable that those who from a want of knowledge of the *resources of nature* consider Homœopathic attenuations as *mere mechanical divisions* of the *original drug* must be *struck dumb* whenever they consult experience."

Later writers take the same ground in relation to the spiritual developement of their medicines. Prof. Simpson, p. 132 of the work before quoted, gives the pantheistic view of Brooke, who says that the Homœopathic "remedies" are merely stripped of their bodies—of their matter, that the "spirit" may be employed. "I believe," says Dr. Mure, the apostle of Homœopathy, "that all the substances in nature, even those regarded as most inert, possess the power of acting on the vital dynamism, because all contain a *spiritual principle* which they derive from God, &c."

Hempel states in his late work on *Pharmacopœa and Posology*, (N. Y., 1850) that there are two theories among the Homœopathic physicians—one class hold their remedies to be "dynamizations or potentizations," or spiritual; agreeing with Hahnemann; the other call them "attenuations." Marcy, as we have seen, is among the class who hold to attenuations. See p. 35 of his work on practice, where he says, after raising objections to Hahnemann's theory: "Let



us own our ignorance respecting the precise changes which drugs undergo by trituration and succession, &c." P. 93 of the same work he says: "Like caloric, electricity and magnetism, the strength remains latent in the crude state of the substance, and can only be developed by the important agency of *heat*, friction or trituration." Then again in p. 95 he says: "Quantity is of but little consequence, provided that the substance is properly prepared; for an *imponderable* quantity in its *highest* state of developement is quite as *capable* of producing its peculiar effects in certain conditions of the body as *a much larger amount*." Then again p. 118: "Whether these *new properties* are communicated to the minutely divided particles by a chemical *combination* with oxygen of the air, for which several, like carbon, graphite, sulphur, lime, &c., passes a very strong affinity; or whether they arise from the simple subdivision of the atoms of the drug, we are unable to determine." Observe: "New properties are communicated." Once more he says on p. 109: "We make these extracts for the benefit of those whose 'bundle of ideas' are not already made up (after quoting from Kane's chemistry, on the divisibility of matter), trusting at least that they may have the effect of demonstrating to such persons, that not only morbid and medicinal power may exist in infinitesimal atoms of matter, but even *life itself*," (italicized by himself.) We now see where our author is finally to settle himself. We see in this last quotation that *life may exist* in matter, and after opposing Hahnemann's spiritual development, he is anxiously seeking for some ocular or other sensible demonstration of the truth of this "*new property*." As we have seen, chemistry, heat and mechanical action develope it. What is it? Ah, if it would only make a spontaneous motion, then the proof would be clear enough, "*life itself*," not spirit; but the same in kind with his "intellectual soul." We have noticed under the head of Physiology if he could only get a little spontaneous action in one of these little pellets charged with the "infinitesimal" new principle, then what rejoicing. Whoever accomplishes this fete, will prove that Crosse and Weeks (of the Vestiges of Creation) were true men, and revive the shades of Lamarck and a host of infidels.

#### THE INFIDEL SYSTEM OF DEVELOPMENT OF ANIMALS AND THE HUMAN SPECIES.

We now propose to show the analogy which exists between the development theory of the Homœopathists and the theory of development as maintained by Lamarck and the Vestiges of Creation.

The Vestiges of Creation, a late popular work, gives the more recent doctrine on this subject as follows (page 77) :

“That there is thus a progress of some kind, the most superficial glance at the geological history, is sufficient to convince us. Indeed, the doctrine of the gradation of animal forms has received a remarkable support from the discoveries of this science. P. 80. “It may now be inquired, in what way was the creation of animated beings effected? The ordinary notion may, I think, be not unjustly described as this, that the Almighty author produced the progenitors of all existing species by some sort of personal or immediate exertion.” (The opinion of those who hold to the Mosaic record.) “But how does the notion comport with what we have seen of the gradual advance of species from the humblest to the highest? How can we suppose an immediate exertion of this creative power at one time to produce zoophytes, another time to add a few marine mollusks, another to bring in one or two conchifers, again to produce crustaceous fishes, again perfect fishes, and so on to the end. This would surely be to take a very mean view of the creative power. Some other idea must be come to with regard to the mode in which the Divine author proceeded, in organic creation. Let us seek in the history of the earth’s formation for a new suggestion on this point. We have seen the powerful evidence that the construction of this globe and its associates, and inferentially that all the other globes of space was the result not of *any immediate or personal exertion* on the part of Deity, but of natural laws, which are expressions of his will. What is to hinder our supposing that the organic creation is also the result of natural laws, which are in like manner an expression of his will.” (P. 90.) “So that all animated nature may be said to be based on this mode of origin; the *fundamental form of organic beings is a globule, having a new globule forming* within itself, by which it is in time discharged, and which is again followed by another and another, in endless succession.” “Now it was given out some years ago by a French physiologist that *globules* could be produced in albumen by electricity.” (P. 96.) “Mr. Crosse was pursuing some experiments in crystalization, causing a powerful voltaic battery to operate upon a saturated solution of silicate of potash, when *insects* unexpectedly made their appearance. He afterwards tried nitrate of copper, which is a deadly poison, and from that fluid also did live insects emerge. Discouraged by the reception of his experiments, Mr. Crosse soon discontinued them, but they were some years after pursued by Mr. Weeks of Sandwich, with precisely the same results. This gentleman besides trying the first of the above substances, employed Ferrocyanate of Potash, on account of its containing a larger proportion of carbon, the principal element of organic bodies; and from this substance the insects were produced in increased numbers. A few weeks sufficed for this experiment with the powerful battery of Mr. Crosse, but the first attempts of Mr. Weeks required about eleven months, a ground of presumption in itself that the electricity was chiefly concerned in the phenomenon. In Mr. Week’s apparatus



the silicate of potash became first turbid; then of a milky appearance. Around the negative wire of the battery dipped into the fluid, there gathered a quantity of *gelatinous matter*, a part of the process of considerable importance, considering that gelatine is one of the proximate principles or first compounds of which animal bodies are formed. From this matter, Mr. Weeks observed one of the insects in the very act of emerging, immediately after which it ascended to the surface of the fluid, and *sought concealment* in an *obscure corner* of the apparatus. The insects produced by both experimentalists seem to have been the same *species* of *acar*, *minute* and *semi-transparent*, and furnished with long bristles which can only be seen by the aid of the microscope. It is worthy of remark that some of these insects, soon after their existence had commenced, were found to be likely to extend their species (!!!) They were sometimes observed to go back to the fluid to feed, and occasionally they devoured each other." "The (p. 115) idea which I (*Vestiges*) form of the progress of organic life upon the globe, and the hypothesis is applicable to all similar theatres of *vital being*—is that the simplest and most primitive type under a *law* to which that of like production is subordinate, gave birth to the type next above it, that this again produced the next higher, and so on to the very highest." P. 285. "The hypothesis is that as a general fact, the progress of being in both kinds has been from the sea towards the land. Marine species of plants and animals are supposed to be in the main the progenitors of terrestrial species. Life has as it were crept out of the sea upon land." P. 173. "The difference between mind in the lower animals and in man is a difference of degree only, it is not a specific difference. P. 120. "But the idea that any of the lower animals have been concerned in any way with the origin of man, is not this degrading?" "Creative providence has been pleased to order that it should be so, and it must be submitted to." "It has pleased Providence to arrange that one species should give birth to another, until the second highest gave birth to *man* who is the very highest; be it so, it is our part to admire and submit." P. 142. "It may be asked, Is the existing human race the only species designed to occupy the grade to which it is here referred? The present rude race, rude and impulsive as it is, is, perhaps, the best adapted to the present state of things in the world; but the external world goes through slow, and gradual changes which may leave it in time a much serener field of existence. There may then be occasion for a nobler type of humanity which shall complete the geological circle in this planet and realize some of the dreams of the purest spirits of the race."

The *Vestiges* says, p. 81: "I freely own that I do not think it right to adduce the *Mosaic Record*, either in objection to, or support of any natural hypothesis, and this for many reasons, but particularly for this, that there is not the least appearance of an intention in that book to give philosophically exact views of nature."

These extracts from the *Vestiges* present the general views held on this subject. It differs somewhat from the views of deistical philosophers. One of whom was Tiedmann, who says:

“The most probable hypothesis is, that the substance of organic bodies *existed primitively in water as matter of a particular kind*, and that it was *there endowed with the plastic faculty*, that is to say, with the power of acquiring, by degrees, different simple forms of living bodies with the concurrence of the influence of light, heat, and perhaps also of electricity, &c., and passing from the simple forms to other more complicated; varying in proportion to the modification occurring in the external influences, until the point where the species acquired duration by the production and manifestation of activity of the genital organs.”

But mark: “Although we cannot answer the question, *WHENCE came the water and the organic matter it contained*; yet this hypothesis is the one which accords best with the facts with which *geology* has lately been enriched.” See Paine’s *Med. and Phys. Com.*, Vol. 2, p. 124, then in p. 129, *Ibid.* We have the statement of Dr. Haskell of Boston, who says “that the Deity (?) created living beings by the slow and gradual operation of certain laws, instead of calling them into existence at once by a word, we infer from the general analogy of nature.” From Prof. Paine we learn that other writers entertain similar “Dreams” as De Maellet, Buffon, Lamarck, La Manche.

Simons, a late writer on the Chemistry of Man, says p. 65: “We cannot even form any conjecture regarding the connection and the reciprocal effect that must take place between the fructifying semen and the ovum which is to be fructified; and although we cannot doubt that there are *certain chemical processes going on*, since the act of impregnation is succeeded by a change not only of form but of matter, we have as yet but little prospect of investigating the subject successfully, in consequence of the insufficiency of our resources.”

Denying impliedly a vital principle in the process of generation, still holding on to the development theory of the human species. We will call attention to the *Vestiges* once more, to show the similarity of the views taken by the author and those of Hahnemann, as to the existence of worms as found in the alimentary canal of the human species. P. 94 of the *Vestiges*:

“To explain the beginning of these worms within the human body, on the common doctrine that all *created beings proceed from their likes*, or primordial egg, is so difficult that the moderns have been driven to speculate as our fathers (infidels, of course) did on their spontaneous birth; but they received the hypothesis with some modification. Thus it is not from putrefaction or fermentation that the entozoa (worms) *are born*, for both the processes are rather fatal to their existence, but from the *aggregation* and fit *apposition* of matter which is already organized, or has been *thrown* from organized substances.”



That is to say the little bits of the coat of the stomach or bowels break or wear off and turn into worms.

Hahnemann says in a note to his introduction to the *Organon* p. 22, that "a few lumbrici (the long worm) are found in some children, and ascarides (pin worms) in a greater number. But the greater part of either one or the other is owing to a general affection (psoric) connected with an unhealthy mode of living." *Tænia* (tape-worm) are only found in patients laboring under a *psoric affection*, and when the latter is cured, they instantly disappear, that is the power of development is restrained by the anti-psoric remedy. Marcy, in his treatment for infantile remittent fever, when the malady has been caused by the irritation of worms, says:

"It will be necessary to use *Cina* or *Spigelia*. These medicines may be employed at the third attenuation (millionth), and a dose given three or four times daily until the *morbid disposition* of the *alimentary* canal is corrected."

There can be little doubt of what he means by a "*morbid disposition*," after referring to his physiology and cause of disease. Says Rau on p. 142 in his *Organon*:

"Worms in the intestinal canal are frequently looked upon as morbid causes, though in reality they are the product of some abnormal condition."

Swedenborg, in his work entitled "*Divine Wisdom and Love*," says "that the Lord from Eternity who is *Jehovah*, created the universe and all things therein from himself, and not from nothing. Every one who thinks from clear reason sees also that all things were created out of a substance which is substance in itself, for this is the *real esse* from which all things that can exist, and as God alone is substance in itself, and thence *real esse*, it is evident that the existence of things is from no other source." Evidently denying the Mosaic record of creation.

We observe, while it is not the object of this article to disprove the doctrines of those who hold to the development of the human species, as we have seen in the foregoing extracts taken from their standard works, but merely to show that this doctrine is a fundamental one in the Homœopathic system, to whatever school they may belong—either spiritual or material—and necessarily must be. Still we would observe in reviewing these extracts already noticed, that they (the believers of this doctrine) have been puzzled to obtain proof sufficient to substantiate their theory. For, if their theory is true, we ought to see these changes going on continually. But as we see, they have been temporarily relieved by the experiments of Mr. Crosse and Weeks, before noticed. But since that time (then their new

era) other experimentalists have failed to produce the same or similar results, and the world is still left without a witness except the say-so of these two gentlemen (Crosse and Weeks). No one else it seems saw their new discoveries, except the creator of all things and according to *their theory*, he would not condescend to notice such small *creations, as they were permitted to create*.

#### LAW OF CURE.

The spiritual system of Hahnemann was such, that a law or rule for the administration of medicine could not be found in works on physiology among those of the old school of medicine. He fortunately caught a fancy from Stahl, a Danish physician of the 17th century, who says (as quoted by Hahnemann in his Int. to his Organon p. 76) that "the received method in medicine, of treating diseases by opposite remedies, that is to say by medicines which are opposed to the effects they produce, is completely false and absurd. I am convinced on the contrary, that diseases are subdued by agents which produce a similar affection. Burns, by the heat of a fire to which parts are exposed; the frost bite by snow or cold water; inflammations and contusions by spiritual applications; acidity of the stomach by using small doses of sulphuric acid."

On p. 43 Hahnemann says that "observation, reflection and experience have unfolded to me that, in opposition to the old alloëopathic method (and we add the Bible method), the best and true method of cure is founded on the principle *similia similibus curantur*. To cure in a mild, prompt, safe and durable manner, it is necessary to choose in each case a medicine that will excite an affection similar (omoion pathos) to that against which it is employed." Sec. 26, p. 89: "*This phenomenon is founded on the material law of Homœopathy—a law unknown till the present time, although it has on all occasions formed the basis of every visible cure: That is to say, a dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful, when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself.*" (Italicized by himself.) Sec. 28, p. 90: "As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory may be the scientific theory of the manner in which it takes place." (Science set at defiance as we here see.) P. 92, sec. 34: "This is so far a fact, that even *nature herself cannot cure* an existing disease by the excitement of a new one that is dissimilar, be the intensity of the *latter ever so great.*" P. 104, sec. 56: "Even nature herself has no other Homœopathic agents at the command than the miasmatic diseases which always retain their identity such as itch, measles and small



pox." "Nature can, therefore, cure but a *very limited number of diseases with those hazardous remedies, &c.*"

In case of the itch, if nature can excite the action of measles, it will cure the itch, and in case of measles, it will require of nature for a cure, to catch or get in some way the small pox. After all this is done, his old cause psora will come in for a share to task the physician. Then he adds :

"Notwithstanding this, we have many examples where their favorable junction has produced the most Homœopathic cures, which are a *living commentary upon this sole therapeutic law of nature—cure with medicines that are capable of exciting symptoms analogous to those of the disease itself.*"

This "sole law" of Hahnemann has been generally, if not entirely, the foundation of modern Homœopathic practice, and is generally taught, we believe, without an exception. We conceive that the above extracts from Hahnemann's Organon will give a fair view of their law of cure.

#### THE MODUS OPERANDI OF HOMŒOPATHIC REMEDIES.

As we have seen from quotations made from Hahnemann's Organon on the Nature of Medicines and that of Disease and the Law of Cure, (Sec, 16, p. 85 he says, that "neither can such morbid disturbances, or in other words, such diseases, be removed by the physician, except in like manner by means of the spiritual (dynamic virtual) countervailing agency of the *suitable medicines acting upon the vital principle*, and this *action is communicated by the sentient nerves* every where distributed in the organism.") the first effect of his remedy (or ghostly pill) is made upon the "vital principle as a spiritual dynamis," then by the nerves it is conveyed to the diseased organ. Then as we have seen by his "sole law" sec. 148, p. 153 :

"A remedy which has the power and tendency to produce an *artificial disease closely resembling the natural one against which it is employed*, affects in its action on the *organism precisely those parts* which had till then been a prey to the natural disease, and excites in them the artificial disease which it is naturally capable of producing. The latter, by reason of its *similitude and greater intensity*, now *substitutes itself* for the *natural disease*. From that moment it then results that the vital powers no longer suffer from the last mentioned which is *purely dynamic*. *Immaterial power* has already ceased to exist. The organism is no longer attacked by the medicinal disease. But the dose of the remedy administered having been very small, the medicinal disease soon disappears of itself. Subdued by the energy of the vital power like every other mild medicinal affection, it *leaves the body free from suffering*, that is, in a *perfect and permanent state of health.*"

Here is distinctly brought to view the paradox of which Hahnemann has been guilty. In the first place, his vital principle is diseased; the little *ghostly pill* creates a new disease like the one in existence, *producing* an effect of "greater intensity" than the natural disease; by the Law of "Similia, &c.," "the organism is no longer attacked by disease," that is, the natural disease is removed and the medicinal disease, although of "greater intensity," is "subdued by the vital energy."

We must not overlook the modern discoveries in this new system; the most that has been done is the rejecting of the spiritual doctrines of Hahnemann. Hempel says they are divided on that ground, a part holding Hahnemann's views and another rejecting, as we have said, or opposing these particular views. But they all hold to his "sole law" and *Little Pill*. Among those who reject the spiritual potentized remedy, Marcy takes the lead, and in so doing, he adopts the theory in part of the chemical physiologists in addition to his theory of the soul. He says in his work on "Practice, &c.," p. 95:

"It is undoubtedly true that an *atom either morbid or medicinal*, which possesses an affinity for a particular structure, is capable of *communicating* to such structure its *peculiar action*. The influence being *propagated from one molecule to another*, and each acquiring the properties of the *original atom until the influence is expended*."

P. 47 he (Marcy) says: "We again repeat that the blood is simply the vehicle which conveys the poison, and that no effects are produced until the structure for which the poison has the *greatest affinity*, has become ready from some *predisposing cause* (fatigue, anger? what?) to receive the impression of the deleterious agent, and thus specifically affected."

This author holds that remedial agents pass through the blood to diseased parts in the specific manner which we see by this last quotation that morbid or poisonous agents do. Then in p. 105 he says that "Homœopathic remedies being *specific and certain in their effects*, when judiciously exhibited, induce a *new or alterative action* in the parts affected, of *just severity* to banish the *natural malady*, while the new or *medicinal action* subsides speedily and spontaneously."

Dr. Marcy in his Reply to Dr. Hooker, argues in p. 29, 30, 31, in defence of his system, the *catalytic theory*. Says Rau Organon p. 125, after being reminded hypothetically of action of remedies by the "action of presence" (or "catalysis or catalytic action"): "By virtue of this law, certain substances occasion by their mere presence, changes in other substances without being themselves changed or without being intimately combined with the latter, &c." Then he quotes for authority, "Drayer (who) remarks that the *affinities* of in-



*organic chemistry* have no effect in animal chemistry ;” showing the necessity of having a remedy even on the catalytic theory, containing an animal principle, although chemical. A theory advanced by Berzelius that some substances would impart their virtues to other substances without undergoing any change in their own constituent principles. We have an example in the old method of churning milk or cream for butter ; during this process, the *dasher* collects on its surface *particles of butter long before the process* is complete. It is supposed to be in consequence of some peculiar action of the particles of wood, which is independent of the action of oxygen. From the above quotations, this theory is brought to view with a single exception. He says under p. 95, above, that “ the properties of the original atom” of medicine act in a disease “until the influence is expended.” If the catalytic theory was true with their remedial action, it could not lose its influencial properties, and after giving enough of their remedies to produce the desired action, it need not be repeated, because the little specific medicated pill must remain wherever conveyed according to its specific law, repeating over and over its peculiar property, but this part of the catalytic theory would not keep the doctor in business. So for the sake of a repetition and attendance, or we might say their pockets, they back out from this part of the theory. He (Marcy) says p. 46 : “ The nerves are simply the conductors of the intelligence, &c.” So we see, they perform no part in the cure of disease, only indirectly through the action of the soul. To give the Doctor’s method of introducing his little pill to the disease. In the first place, by endosmosis it enters straight from the tongue, if administered per mouth, into the blood in the same way that gasses are known to chemists to pass through dead membranes—as for example, bladders. Then by a specific tendency, or an inherent power which makes it pass through with the blood to the diseased part—then the “ peculiar active property” of the little pill is a molecule *propagating*, its peculiar principle to the diseased molecules by passing among them and by being rubbed against them through the motion of the blood, and according to their sole law, creating a new disease. On this taking place, the natural disease subsides, after which the medicinal disease “subsides speedily and spontaneously.” We ask how does this theory agree with his physiology in which he makes the soul the living principle in every tissue, even its irritability ? And in connection with these discoveries, another is made in p. 104, where he complains of allœopathic remedies being injured during their pharmaceutical preparation, by the use of heat,

while on p. 94 he says, that the agency of heat and friction and trituration are necessary for the development of his potentized remedy. Take this admission in connection with his theory of animal heat and respiration, p. 11, in which he says: "The primary source of animal heat and motion is chemical action, which takes place in the lungs." Now as the combustion in the lungs is the *principle* cause of propelling the blood, &c." Then another assumption as a cause of disease on p. 20, where he says: "The immediate cause of the disturbance and disorganization" is *dependent* solely upon the chemical action of the oxygen of the red globules upon the *elements* of the affected structure—"and "this gives rise immediately to an *impaired state* of the *nerves and muscular fibres* of the extreme vessels." "This is soon followed by the *secondary* or active stage, which is indicated by distention or congestion of the capillaries with red *blood, heat, redness* and other symptoms, which show that the vessels have lost their power (soul) of resisting the entrance of the destructive "carriers of oxygen." Now let us follow the little pill after entering by endosmosis into the blood; it first passes to the lungs where it comes in contact with the furnace (which, he says p. 49, "often neutralizes morbid agents which get into the blood by their coming in contact with that powerful decomposing agent the inspired oxygen"). Then by the arteries, the little pill is carried to the diseased capillary or extreme vessels, the location of the disease, where it meets with a burning heat the third time and a *debilitated* nerve and muscle or capillary, so made by a morbid agent; then comes the catalytic effect by the "Sole Law," a new disease is made, sufficient to banish the one already in existence; the medicine thrice heated and the diseased tissue (or soul power) twice affected at least, more if "antidotes are given," debilitated first by a natural morbid poison, then again by the chemical action of oxygen upon the elements of the diseased structure, then again by the hand of the physician with the aid of the little pill causing a "little stronger" action. That cures—"spontaneously." The soul is saved for earth a little longer. Why are not their remedies destroyed or neutralized in this round of journeys, meeting so many fires which are so destructive to allœopathic remedies? Fate? Marcy amuses himself by comparing the Old School with astrologers and alchymists, sorcerers, &c. More of this will be noticed. We think we have shown that he outdoes them in ridiculous assumptions and visionary, foolish and false theories.



## DIRECTION FOR THE USE OF HOMŒOPATHIC REMEDIES.

Dr. Hempel, in his treatise on "Pharmacopœa and Posology," after stating that there were two theories held by the Homœopathists, respecting the nature of their remedies, says: "These *different opinions* lead to *important practical* results." "The former feel themselves bound to treat disease with the 30th to 800th dynamization" (the spiritualists), "while the latter seldom go higher than the third trituration" (the materialists), and in relation to the administration of remedies, "a great diversity of opinion exists." He divides the remedies into four classes: 1st class or lower attenuations, up to the 6th potency; the 2nd or middle class, from the 6th to the 30th potency; the 3d or higher class, from the 30th to the 200th—all above, the 4th class or the highest. He speaks of the prejudice of many of the Homœopathic physicians in favor of one or other of these divisions. (The more spiritual in theory, the higher the attenuation or spiritual state, we suppose). He says: "Cases have come to our knowledge where patients *were left to die*, not because they were not given the right remedy, but in consequence of not receiving the appropriate dose," and that patients might have been saved from death, if their physicians "had dared to give a few *drops* of the *tincture of aconite* instead of contenting themselves with a pellet of the 30th or 200th attenuation."

He ridicules Hahnemann for always using the higher attenuations (30th and upwards), and says his success is no proof that he was right and successful." Then in his directions to the student or young practitioner he (Hempel) asks the question, "What is the student of Homœopathy to do in the presence of apparently perplexing circumstances, the contradictory statements and inferences? To the intelligent student there is but one way left, and this is to hear every side, to listen to every opinion and then judge for himself and pursue a *perfectly independent* course." Says Rau in his *Organon*, ed. by Chas. Hempel, M. D., (above quoted) 1847, N. Y., p. 124: "There is no doubt that in some instances the attenuating process has been carried too far. It has been asserted that the medicines do still act in the 1500th attenuation. The effects of such high attenuations seem to me rather *imaginary* (!) than real. The efficacy of the 30th attenuation of many drugs has been confirmed by too many observations to admit of any doubt; even the 45th and 60th attenuation of Belladonna have cured encephalitis in my own practice." (?) *What hope would there be to prove a mal-practice in such a system?* Without definite rules and with a *mathematical series*

(as Hempel and Marcy both say) requiring an infinite mind to comprehend. This same writer (Hempel) says that by his hands "a complete cure was effected in three days in one case of a phagedenic ulcer, by two pellets of the 800th potency of arsenic." At the same time, he says he thinks the 1st potency might have been equally effective!! On the same point, Prof. Henderson in his Reply to Forbes is somewhat troubled and finds fault with the Dr. (Forbes) in relation to the use he makes of Dr. Fleischmann's practice (Vienna), when he says that Dr. Forbes gave the millionth or billionth of phosphorus in cases of pneumonia or inflammation of the lungs. Prof. Henderson replies to Dr. Forbes by saying he was under a mistake "that the dose was about one half the common alloëopathic dose." Then again in his same work, when speaking of their "sole law 'similia,'" he (Henderson) says: "They had treated some cases of disease *which had no parallel in the effects* of the provings of medicines in healthy persons." These, he says, are termed by Homœopathists *empirical remedies*, because they did not spring from the general law *similia*, but by chance or something akin we suppose,—but he says no less Homœopathic, because given in Homœopathic doses!! being a little pill, it saves it from the charge of mal-practice. At the same time he says the "Homœopathic law," the *similia* principle is the only fundamental principle of Homœopathy. How does this compare with their *empirical remedies*? How dare they *use such remedies* without a guide or law? How happened they to use them at all? Why the *dose saved them*, so we see that this law is not the *only* principle or *rule*; what consistency! We will now give Marcy's experience as he gives it in his Practice, p. 118. He says:

"We have not *unfrequently* been able to cure diseases with a high attenuation, having failed with the first and second dilutions of the same remedy, but it has been a much more common occurrence with us to effect cures with the first attenuation after having been unsuccessful with the *higher preparations*. *No definite rules therefore can be given which will apply in all cases*, but every circumstance connected with each particular case must be investigated, and the physician then exercise his own best judgment."

How long it took him to correct his judgment in the mistakes which he acknowledges he has made, is not recorded in his book. Is it not possible that some of these cases had to "lay and writhe" in "anguish" and finally die? Perhaps as he and Hempel live in the same city or have done so, some of these cases fell under Hempel's notice, to which he refers in our quotations from his work. As



singular as it may appear, Hahnemann recommends heroic doses, as in intermittents, asphyxia, lightning, suffocation, freezing, &c. He directs for these affections electrical shocks, injections of strong coffee, stimulating odors, *gradual warmth*, (so we see he is far from recommending "frozen sourcerout" or "snow" for frost-bitten parts, which he uses in his *Organon* to prove his "sole law") and antidotes for poisons. The ipecacuanha is given for opium.

Hempel says he gave three drops every five minutes of sat. tinct. aconite for neuralgia—this is truly a "heroic dose." Dr. Fleming in his experiments with this article of medicine gave five drops of the tincture of aconite, and in the space of two hours reduced the pulse in a healthy person from 72 to 64 pulsations per minute. After the space of two hours more, he repeated the dose of five drops, and at the end of the next two hours, the pulse was reduced from 64 to 56, with labored breathing, &c. Dr. Fleming's experiments will account for some of their marvellous cures with the aid of nature.

Hahnemann says (see 246 *Organon*): "One dose of a suitable Homœopathic remedy, if its development be sufficiently subtile, gradually completes all the beneficial effects which from its nature it is capable of producing, and provided its operation be understood sometimes in the space of forty, fifty to one hundred days." Then he goes on to say: This course may be abridged to one half or one fourth the time by choosing a remedy "with due circumspection," when administered in the "highest development," and "when such a subtile energetic dose of the best remedy is repeated at the most suitable intervals, &c."

#### AGGRAVATIONS.

Hahnemann says (see 157 *Organon*): "But although it is certain that a Homœopathic remedy administered in a small dose quietly annihilates the acute disease which is analogous to it without producing its other new Homœopathic symptoms, that is to say without exciting new and grievous sufferings—it often happens, notwithstanding, that it produces at the expiration of one or a few hours after ingestion (according to the dose) a state *something less favorable which resembles the primitive affection* so clearly, that the patient supposes the *original disease* aggravated, &c." (Sec. 158.) "This *trifling Homœopathic aggravation* of the *malady during the first hours—the happy omen* which announces that the disease will soon be cured, and that it will for the *most part* yield to the *first dose*, &c."

Dr. Marcy urges Hahnemann's instructions in relation to these aggravations. On p. 120 he directs in acute and dangerous diseases

that remedies should be given every "15, 20 or 30 minutes until an aggravation of the symptoms (that is some primary effect of the drug) appears." In less urgent cases of acute disease "repeat the remedy every 4, 6 or 8 hours until the *primary* symptoms (aggravation) occur." In some "cases it is far better to make use of doses *sufficiently strong* and repeat them sufficiently often to induce decided and *primary medicinal symptoms—even if we are obliged now and then to give antidotes.*" In this quotation we have distinctly brought to view the operation of their "sole law," and that their remedies may so affect disease as to make it necessary to give an antidote, i. e. a remedy to cure the effects of another previously given in excess, causing too great an artificial disease. For the purpose of better understanding this reasoning, let us suppose a disease is to be cured, in which one of their popular remedies called Lachesis (snake poison) is needed. As we see, it may be given in such Homœopathic doses as to require treatment in the same way, as if received from the snake's head so much dreaded. They assume a difference, for the semblance of consistency. According to their reasoning, the difference should be against their remedy, it being more active than in a crude state, and also taking in account the susceptibility of the diseased tissue. In taking this view, a good reason may be seen why all their remedies may become morbid in their effects and an antidote be required; if there is any truth in logic, would not an antidote always be necessary, and then again, the effects of this antidote require another antidote to be given, according to "*similia*," until an aggravation of the symptoms. If true, this must require another remedy, and this in turn would require still another new remedy to "banish its effects, of course still a stronger one, or a little stronger artificial diseased action, and then this to be treated by another antidote, and so on to ad infinitum of remedies. For the purpose of further illustrating this new system, we will give the case of a lady of our acquaintance. A Mrs. —, who, as reported, was suffering from a puerperal affection so mild in its character, that her physician (Homœopathist) said there was no danger in her case, and her friends who were visiting from some hundreds of miles, were dismissed from their kind attentions to her for the purpose of returning to their home, with the strongest assurance of her safe and speedy recovery; but the disease progressed. Whether the "aggravations" necessary for a cure, according to their system, was in consequence of their remedies, we are not able to say, but presuming to *be wise* in their *system*, they thought so. After many days, sickness, and obstinate vomiting had commenced, the



friends becoming alarmed, called two others of the same school of physicians in counsel, so that

“ By mutual confidence and mutual aid,  
Great deeds were (or might be) done and great  
Discoveries made.”

They “peep and mutter” still she vomited. The remedy according to their *law*, must be one that would cause similar symptoms in health that is, cause nausea—then a nauseating or irritating dose was given until a slight aggravation of the symptoms or a little harder vomiting was produced, to be sure to get a remedial disease. And as we have seen, Marcy would recommend in similar cases a dose so efficient as to need an antidote; one thing was true—the vomiting was aggravated, and the gentlemen assured the family that “she would come out of it.” Still they dosed, and she lay “*writhing and retching*” under the aggravations of their sole law, and perfectly natural she should, if they were true to their system. That long *aggravating* night passed away as a full test of Homœopathy. The Drs. who were called in the evening, held on through the night, expecting to see an “amelioration,” following the aggravations. As morning appeared, it took place—but by the hand of death.

In the foregoing examinations of Bible tests, we have found a law of cure which we call nature's; and as we have seen it is denied by the author of the Homœopathic system, and impliedly so by the later writers on this subject.

Then again we found in the Bible the three distinct principles in our nature, viz: spiritual (the indestructible), vital and material organic principles—both subject to dissolution. Homœopathy teaches invariably only two principles one the spiritual-vital of Hahnemann and Swedenborg, or the spiritual organic of Marcy or vital of the old school of Deists, and the corporeal organic matter. Either school would accommodate the materialistic doctrines.

Then again in our examination we find remedies recommended for disease in their natural state, or in simple pharmaceutical preparations.

Homœopathy teaches that a remedy must be a developed principle made by the hand of man—either spiritual or a peculiar “new principle,” perhaps life. An example may be seen in their making a remedy of silex or flint—one of the most inert substances, medicinally, in nature. Still they pretend that they can make of it a powerful remedy by their law of development. By comparing the two systems of development, as found in the *Vestiges of Creation* and in the Homœopathic by Hahnemann and his followers, we must see that

they depend on the same (assumed) laws, and must admit the same results to follow. The little material of the "Vestiges" is by some force, chemical, electrical, or by some other process made into a living globule or animal. Marcy adopts the same view in relation to the new properties of his Homœopathic infinitesimal, carrying out the idea of its being a living principle. When considering his physiology and moral philosophy, that the intellectual soul has entire control of every tissue and function in the human body, and that this is his only living principle in the organism, it must follow that in disease this living intellectual soul must be the first to suffer, in the same way that Hahnemann says, his immaterial spirit, is the first to suffer. It is perfectly natural for Marcy to depend on a living principle acting "like caloric, electricity, &c." of the same nature with his intellectual soul, for the cure of disease. As we have seen, Hahnemann assumes the ground that his remedy is a spiritual dynamis (i. e. the energy of spirit). The only difference between the Homœopaths and the Vestiges is: The former assumes this theory for the purpose of curing disease, and the latter assumes the theory for the purpose of bringing animals into existence, not excepting man. Both agree in the development of animals (worms) in the human system, and, as we must farther see, both oppose the Mosaic history of the creation of man and animals. Various shifts have been made to avoid being charged with the infidel view of this system by raising "plausible" hypotheses in favor of their developed remedy; for instance they argue that the small particle of vaccine virus is sufficient to cause a constitutional disease by being introduced under the skin. Then that active poisonous effects result from small pox virus as it exists in the air, and from other miasmatic particles. Because such is true, therefore these little pills are equally active and powerful.

We admit that God has endowed some particles of matter with a greater medicinal power or morbid power than others. For example: one drop of croton oil as a cathartic is equal to 300 or 400 drops of castor oil, and we find the virus of poisonous reptiles to vary in their virulence. This, as we have said, is the work of *creative power*, and we believe the same being is able to give an active principle to the 30th or any other attenuation he may please to do—believing, as we do, that "with God all things are possible." But we are constrained to say that an argument drawn from this to prove the power of their remedies, or that any law in nature should be used as an argument to prove that the works of man are equally true, is not only pre-



posterous, but impious in the highest degree. Still we have these arguments often brought by men in high standing for learning and morals.

Another subterfuge is resorted to by some, i. e., that man is endowed with an *infinite sensibility* just suited to such infinitesimal doses or atoms of matter. It is easy to see that this doesn't save them from the development—infidel system—only it belongs more particularly to the *pantheistic* class. Another shift, and one of the most ridiculous, is, “if it does no good it will do no harm,” in other words, it is “doing evil that good may come,” that is, if it has no other effect it will affect the imagination and beguile the mind, and sometimes good will be the result. The Great apostle would say: “God forbid.” 1 Cor. 12, 31. And yet show I unto you a more excellent way, as in the prescription for Timothy.

As we have seen, Hahnemann's system is strictly a spiritual theory in every department. His followers have endeavored in a variety of ways to avoid many or most of his conclusions—although Hahnemann's theory logically is the only one consistent with itself—being ashamed of his spiritual hypothesis, but being duped to believe in his “sole law” and potentized remedies. Every species of reason (but the true one) has been ushered into the world to give it the appearance of a rational system. “Do men gather grapes of thorns or figs of thistles.” “Neither can a corrupt tree bring forth good fruits.” Bible.

This theory of trituration and succession reveals another Homœopathic fact, by implication—that this world is a great apothecary shop. The air we breathe is composed in part of carbonic acid gas. This agent must be highly potentized by the action of the atmosphere and be deleterious to health, still we breathe it constantly in sickness and health, and the water we use for a beverage or culinary purposes contains salts of various kinds in a diluted state, and some must be highly potentized, as in many cases it has passed hundreds of miles in rivers and lakes, and constantly subjected to dilution and friction of the particles, then in the kitchen being submitted to heat, the new created property must become still stronger; the cook should be a Homœopathic doctor; if not, does it alter the case and, like allœopathy, destroy the remedy by heat? or, our food is highly potentized, or spiritualized—and why should it not embarrass the Homœopathic physician in the cure of his disease? We have not heard of any antidotes for these dangerous agencies. Can they have a good conscience and thus neglect the sick?

In our examination of this subject we have found in the Bible the kind and character of a true physician exemplified in the case of *Luke*. Will any one believe that he was a *Homœopathic physician*? or that he prescribed *Homœopathic remedies*? We answer that no one will believe it in his sober senses, and, as we have seen, he was just such a physician as received the approbation of *one who* is the "same yesterday, to-day and forever."

[To be Continued.]

---

#### ARTICLE II.

#### *Andrews on the Physiology of the three Registers of the Human Voice.*

---

At the request and with the assistance of Mr. C. M. Cady, Editor of the *Chicago Musical Review*, and well known talented ex-Editor of the *N. Y. Musical Review*, I have lately made some new investigations respecting the action of the vocal organs in singing, and have arrived at some conclusions which, so far as I know, are not to be found in any publication, and for which therefore I may claim originality.

Mr. Cady is a gentleman not only of high musical attainments, but also of liberal education, and of an unusually clear and analytic mind, so that with his assistance and suggestions I have been able to attain an explanation of facts which with most of our leading professors of music would have been impossible.

All educated singers understand that there are three modifications of the voice cultivated, which are called *registers*, and that in passing from one to the other the vocalist is conscious of some movement or change in the larynx.

The first, or the *Chest Register*, is that quality of voice produced by male singers on the lower and middle notes of their compass, and by the female on the lowest notes within her reach, for instance those below the middle C. This register is sonorous and capable of great power, and conveys to the ear a slight sense of roughness like the reedy tone of a clarinet. It is the tone adopted by the male in common conversation.

The second, or *medium register*, is that smooth mellow tone used by good tenor singers on the high notes and by females on the middle notes, for instance in the vicinity of G and A.



The third, or *head register*, is the clear flute like tone used by females on the high notes, for instance on the upper F and G. In the male voice the head register exists under the name of *false alto*, but as it is not of good quality, the best authorities reject it as unworthy of cultivation in our sex, hence it is customary for musicians to say that the male voice has only two registers, the chest and the medium, while the female has three. Physiologically, however, the *false alto* is the head register of the male, so that the three registers really exist in each sex. It may be proper to mention here for the benefit of those not familiar with musical terms, that the *false alto* is that shrill forced tone capable of being uttered by the male, which resembles the female voice.

These three registers do not differ merely in *pitch*. They are different in quality. There are several parts of the scale which may be given in either of the chest or the medium register, and there are three others in the vicinity of C which a person can give at will in either the chest, the medium, or the head register, and in changing from one register to another on the same key, the singer is distinctly conscious of some action in the larynx.

It was the nature of this action which Mr. Cady requested me to investigate; the physiology of the whole matter being apparently unknown both to medical and musical writers.

The reader will pardon me if I here recapitulate briefly the anatomy of the larynx for the sake of perspicuity.

The frame work of the larynx is the cricoid cartilage which has the form of a ring. Upon the upper edge of this is articulated in front the thyroid cartilage, and posteriorly the two arytenoid cartilages. These three serve as pegs for the attachment of the vocal ligaments. The vocal ligaments consist of a pair of tendons attached to the thyroid cartilage anteriorly, and running one to each arytenoid cartilage posteriorly. Each one is connected to its own side of the larynx by a fold of mucous membrane. Thus each one has the form of a half moon with the tendon in its straight edge, and when they are put upon the stretch so as to bring the edges in contact, the two form a perfect diaphragm across the larynx. By this arrangement, therefore the motion of the thyroid cartilage forward and of the arytenoids backwards will put the ligaments upon the stretch across the larynx. The two arytenoid cartilages have the form of levers bent to a right angle. The fulcrum is at the angle where they are, articulated to the edge of the cricoid cartilage. The long arm of the lever projects upward into the cavity of the pharynx,

and the short arm called the anterior process projects horizontally forward into the larynx; it is this short arm to which the vocal ligament is attached, *so that whatever motions the anterior process of the arytenoid cartilages make, the vocal ligaments will partake of.*

The arytenoid cartilages are so articulated as to allow of motion in all directions. Therefore, if the points of the anterior processes rotate outward, they will carry the edges of the two vocal ligaments asunder and leave a wide space for the passage of the breath, but if they are rotated inwards so as to be applied against each other, the vocal ligaments will have their edges brought into contact, and if the ligaments are put upon the stretch and air forced through the crevice between them, a vocal sound is produced.

It will be observed that the conditions under which the vocal ligaments act in uttering sound, are identical with those of the lips in blowing a sax horn or any of the trumpet instruments. In the latter operation, the lips are drawn tightly across the mouthpiece of the instrument and the breath driven through the crevice between them. In the larynx, the vocal ligaments are stretched across the cavity and applied to each other in the same manner. The ligaments however being thinner, give a more delicate sound than the lips. *The human vocal organs therefore act on the principle of the trumpet.* It is important to be clear on this point, otherwise the subject of the register cannot be understood. That this is the method of vocal action, I have proved both by experiment and by *actually seeing the human vocal chords in action in the living subject.*

To try the experiment, take two slips of sheet india rubber and tie them tightly over the end of a tube, for instance the large end of a wooden stethoscope: let them be tightly stretched on, covering the whole end except a very minute fissure between their two edges. If you now put the small end to your mouth and blow, a clear musical sound will be produced, and the edges of the rubber may be distinctly seen to vibrate.

Some months ago, I saw the rare spectacle of the vocal ligaments exposed to sight in a living person.

A. B., in a temporary fit of insanity, cut his throat with a razor. The wound was of enormous size and, of course, gaped widely. The cutting instrument had shaved off the top of the larynx completely, just above the vocal ligaments, exposing them to full view. The patient had not severed any large vessels, and at the time I was called in, was free from delirium.



The arytenoid cartilages were seen on the posterior edge of the larynx, the superior processes pointing upward into the pharynx as usual, and the anterior processes rotated outwards so as to leave a wide angle between them, and the points rested against the sides of the laryngeal cavity. The vocal ligaments therefore were carried outward and folded against the *alæ* of the thyroid cartilage, so that the opening was large and the respiration silent and easy. The opportunity was too good to be lost, and at my request, the patient repeatedly uttered sounds while I watched the action of the organs. At every effort to speak the anterior processes of the arytenoids swung inwards, described about the eighth of a circle each, until they came in contact; this brought the vocal ligaments together, and they could now be distinctly seen stretched tightly over the whole opening like a diaphragm, and as the breath was expelled between them, the two coapted edges were easily observed to vibrate, while the sound was produced. I repeated these observations until I was fully satisfied, and I regarded them with great interest, because such opportunities to see the vocal organs in action, must be extremely rare.

I consider therefore that I have clearly proved that the vocal organs act on the principle of the lips applied to the mouth piece of a trumpet, and not, as Carpenter says, like the reed on a clarionett, still less as others have said, like a flute, like an æolian harp, like an organ pipe, or like a piano string.

The changes in pitch of the voice are accomplished as every one knows, by tightening or relaxing the vocal ligaments. This is effected by the action of muscles on the thyroid and arytenoid cartilages, to which the ligaments are attached. In the trumpet, similar changes of pitch are made by tightening and relaxing the lips. I have been thus prolix in prefacing this subject, because unless the foregoing points are borne in mind, the physiology of these organs cannot be understood.

The chest register, it will be borne in mind, is that peculiar quality of voice used by male singers on the low and middle notes, and by females on the low notes alone. It is reedy in character, conveying to the ear an impression of slight roughness, and giving a corresponding feeling in the larynx of the performer. It is accompanied by greater pressure of air in the chest than the other registers, as though the opening through which it is forced were smaller, and the resistance therefore greater. I suppose this quality of sound to be produced by *placing the edges of the vocal chords pretty firmly together*, so that they strike each other at every vibration. The

proof of this proposition is first the analogy of other instruments, secondly the anatomy of the parts, and thirdly the sensations of the performer.

I have already shown that the larynx acts on the principle of the trumpet. Now if any one will experiment carefully with a sax horn or any similar instrument, he will find that like the human voice it has two registers corresponding to the chest and middle; but that it has not the head register for reasons that will be apparent presently.

The quality in brass instruments corresponding to the chest register, when carried to excess, is that harsh rattling sound which players technically call "tearing the instrument." It is frequently heard in the trombone, especially when played by one who is ambitious to make more than his share of noise. The chest register is used by brass bands in out-door martial music, while the medium register is more used when inside of buildings and on soft passages.

If the experimenter carefully notice in what manner he produces these variations, he will find that in the chest register he presses his lips more firmly together, and is obliged to use a correspondingly greater pressure of the chest to force the air through them. Like causes produce like effects, and it is fair to conclude that in the chest register of the voice a similar pressure of the vocal chords against each takes place. If so, then we readily see why a greater force of the lungs is requisite in expelling the air.

If we recur to the anatomy of the parts, we find the thyro-arytenoideous muscles adapted to this very function. They arise from the anterior part of the concavity of the thyroid cartilage just external to the vocal tendons, and running backwards are attached to the external processes of the arytenoid cartilages, so that by their contraction they rotate the anterior processes inward, and press the ligaments together, and this action I witnessed in the case of the attempted suicide above mentioned.

Now if we consider the sensations of the vocalist, we are still further confirmed in the opinion that the chest register is the result of the contraction of the thyro-arytenoid muscles; for in this register the singer is conscious of very great muscular effort in the larynx. On the high notes, this exertion becomes painful, hence the resort to the medium or head register for relief.

If we recur to the anatomy of the larynx, we find that the tension of the vocal chords on which the pitch depends, is regulated by the action of the crico-thyroid muscles, which draw the thyroid cartilage forward thus tightening the chords.



Now the thyro-arytenoid muscles from their position tend to draw the thyroid cartilage backwards, hence these two pairs of muscles antagonize each other, so that when the thyro-arytenoids contract to rotate the arytenoid cartilages inwards and press the vocal chords together, they at the same time tend to relax the chords and lower the pitch of the sound, therefore the crico-arytenoid muscles in drawing the thyroid cartilage forward to raise the pitch, have to act not only against the physical tension of the chord, but also against the whole power of the thyro-arytenoid muscles. Hence to produce a high note in the chest register, causes a painful sense of muscular effort in the larynx, because the muscles which raise the pitch have to act against the whole power of the muscles which press the chords together.

Another proof that the chest register is the result of placing the edges of the chords in contact, is that the singer is conscious of a rough vibratory sensation as though the chords touched something.

Still another proof, and one which is perfectly decisive is obtained by the following simple experiment. Let one place his organs in position for a decided chest tone and then make the effort at expiration so gently as not to produce the sound. He will find that no air escapes, but that the passage of the larynx is perfectly closed showing that the vocal chords not only are in contact, but are pressed together with sufficient firmness to require some force to expel any air between them. If he now increase the force of the expiratory effort sufficiently to expel the breath, a marked chest tone is the result.

I think I have now given the physiology of this register with a completeness which no writer either medical or musical has before attempted.

After these explanations, the action of the parts in the medium register is more easily elucidated. In passing up the scale, the singer arrives at a point where the chest register becomes painfully laborious, he then changes to the medium register: immediately he is conscious of a diminution of pressure in his lungs, of some movement in his larynx, of a sudden sense of relief in the laryngeal muscles and of a greater smoothness in the quality of the tone. *The medium register is produced by partly relaxing the thyro-arytenoid muscles, so that the vocal chords shall not quite touch at their edges, but leave a narrow space between them.* In this state, it is obvious that they offer a less obstacle to passage of the air than when they are pressed together for the chest register; hence the

diminished pressure in the lungs, of which the singer is conscious. The production of the voice does not necessarily require contact of the chords. In the artificial larynx which I have constructed, the best tones are produced when the ligaments are slightly separated. Draper, in his physiology, also states that contact of the chords is not requisite, although he does not recognize the bearing of the fact on the registers. In like manner, as I proved that in the chest register the chords are pressed together, I will now show that in the medium register they are separated. If the experimenter will deliver a tone on the medium register and gradually diminish the pressure of the lungs until the sound stops, being careful to maintain the laryngeal organs in the same position, he will find that though the breath is too feeble any longer to produce a sound, it will still escape with a faint hiss from the larynx, demonstrating beyond the possibility of error that the vocal chords are not in contact. The theory accounts beautifully for the sense of relief in the laryngeal muscles. When the thyro-arytenoids relax to allow the chords to fall apart, their relaxation diminishes at once the antagonism which they exerted against the crico-thyroids, and the latter having less of their force neutralized, are able with less effort to give the requisite tension to the vocal ligaments. This also is a point which, so far as I know, no writer has before explained. I suppose that the smoothness of the tone results from the fact that the separated chords no longer strike each other in their vibrations, and the smoothness of the sensation in the throat is for the same cause.

The head register of the female which is the falsetto of the male, is, as I said before, that flute like tone used by females on the highest notes, but which in male singers is condemned by teachers of music, because in them it is not of sufficient flexibility to repay cultivation. The proof that the falsetto of the male is a true head register is this: First, the quality of the tone is identical; secondly, boys before the age of puberty have a perfect head register like females. As the voice changes at puberty, the chest register is gradually extended downwards, while the head register is contracted in compass but not wholly lost, that which remains of it after the change of the voice being called falsetto.

The method in which the head tone is produced has never been explained. Draper says it is considered to be probably due to harmonic subdivisions of the column of air in the trachea, or to vibrations of the inner edge of the vocal chords. That this is not true, is evident from the fact that in wind instruments it is always the column



of air *beyond* the point of sound, which regulates the pitch and not the column on the hither side of it. So of the vibration of the edges of the ligaments. Their line of tension is parallel to the edge, therefore by the law of such organs, a vibration of the extreme edge alone would merely result in a feebler sound, but not in a higher pitch.

But if we examine more attentively the anatomy of the larynx, we find an arrangement exactly adapted to the production of the head register.

When a violinist wishes to obtain a high note from a string, he "stops" it against the finger board with his finger thereby shortening its vibratory part. Precisely analogous to this, there is an arrangement in the larynx for "stopping" the vocal chords so, as to render them virtually shorter. The anterior processes of the arytenoid cartilages are of considerable length, perhaps one fourth or one third of the entire anterior-posterior diameter of the larynx. Now if these cartilages are not firmly fixed, they will vibrate with the chords, and practically they are then a part of the chords, so that the vibratory organ includes not only the vocal tendon, but the processes of the arytenoids to which they are attached. This is the condition in the chest and medium registers, but in the head register I suppose that the arytenoids are placed in contact so firmly and so fixed by the muscles, that they no longer vibrate as a part of the cords, but by mutual pressure "stop" each other and become fixed points like pegs to which the tendons are fastened. The vibrations therefore are confined to the tendinous part of the chords, thus shortening them about one third, and raising the pitch of the sound proportionally. Hence the reason why the highest notes can only be produced in the head register. With this shortening, the same amount of tension produces a much higher pitch than when the whole length of the organ vibrates according to well known acoustic laws, or conversely the same note can be given with much less muscular tension, hence the sense of relief which one feels in passing into this register.

So far as I know, no writer has ever before shown that the principle of "stopping" was made use of in the larynx. If so, I may claim to be the first one who has explained the physiology of the three registers of the human voice.

Chicago, Ill., Aug. 1, 1857.

E. ANDREWS.

## ARTICLE III.

*Reminiscences of a Country Doctor—Diuretics in Acute Diseases—An Endemic Cerebro-Spinal Meningitis—Epidemic Erysipelas—Its Various Forms—Wounds—Puerperal Women—Treatment—Muriated Tincture of Iron.*

MESSRS. EDITORS:—

I see you have printed in the August number of your Journal the communication I sent you, and in accordance with the intimation there given, I write you again.

Near the close of the other communication, I said that I was partial to the Acetate of Potash, given in the quantity of a dram or more in a day, for removing many of the consequences of ague from the system. A word more about this and similar articles in ague and other diseases.

As an accompaniment to many diseases, and constituting an important morbid element, sometimes existing as an effect of other morbid processes, and always, when present, acting as a cause of other derangement, will be found retention of effete matters in the tissues and the blood. During an attack of fever, and in fact of most other acute diseases, there is a rapid disintegration of tissues, and a large quantity of worn out and refuse material developed in the system. This should be carried out by the excretory organs—some by the skin, more by the liver and intestines, and perhaps more yet by the kidneys. But during the continuance of a fever, the action of these emunctories is usually diminished rather than increased; and particularly from the congestions which occur in miasmatic fevers the portal circulation is obstructed and the action of the kidneys is specially interfered with, as all obstruction of circulation through the kidneys, interferes with their functions. Hence it is easy to understand how these impurities in the system abound. By taking this view, we see the necessity of exciting the action of the liver and intestines from time to time, as they will bear without injury, and we may see an equal necessity for exciting the action of the kidneys also. Now according to the observations of Dr. Golding Bird and others, it is found that Acetate of Potash increases the solid constituents of the urine more than any other substance equally harmless and available; and my experience has assured me that it may be used during the continuance of miasmatic fevers and after their interruption with Quinine with the happiest effects. In the chronic and relapsing agues, it is particularly useful, and will frequently remove them when



Quinine without an article of this kind would have only the most temporary beneficial, and sometimes even an irritating effect. Other saline and alkaline diuretics will fulfill more or less perfectly the same indications. The slightly effervescing draught of Cream of Tartar and Bicarbonate of Soda—the Rochelle Salts—Nitrate of Potash, (where it does not irritate the mucous surface of the stomach) the Salts of Ammonia, Iodide of Potassium, &c., are examples.

Every body, of course, knows that the anæmia which succeeds some of these protracted cases is beneficially treated by preparations of Iron; and I am quite sure that if common salt be added to the Iron, the effect will be enhanced. A scruple or two or more of common salt with eight to twelve grains of Carbonate of Iron three times per day, is a proper mixture.

But I proposed to give facts and cases in these sketches rather than indulge in the expression of opinions of this kind, and will therefore dismiss this subject, with the statement however of the conviction, that the principle of exciting the kidneys to carry effete matters out of the system, is one of great practical importance, and applicable to a large range of diseased conditions.

During several of the first years of my residence in the locality described in the former communication, the only *prevailing* diseases were of a strictly miasmatic character. Occasional sporadic cases of other forms of disease made their appearance, such as thoracic, abdominal and cephalic inflammations, but they were comparatively few, and nothing like a Typhus or Typhoid fever was known.

I did not see a well marked case of Typhoid until the winter of 1844-5, when I attended two cases in one house. They were both young persons, were attacked about the same time, were in the same room (the house had but one room), and their symptoms corresponded in a most remarkable manner throughout the disease. There, indeed, seemed to be a singular sympathy, their exacerbations of fever occurred at the same time, and nearly all their symptoms of local derangements, their sensations of pain, &c., corresponded with each other from day to day, and from hour to hour. The correspondence was too great to be accounted for by the identity of the fever, the similarity of the cause, constitution, treatment and circumstances. I was strongly impressed with the belief that there was some nervous sympathy or communication between them, by which their symptoms were mutually influenced. They recovered simultaneously, and the sympathy between these young persons did not cease with their illness. In a few months afterwards, they were both married at the

same time—and *to each other*. This circumstance may assist in accounting for the phenomenon. Their subsequent sufferings did not so precisely correspond. The original curse pronounced upon Eve was of course transmitted to her daughter, and differed from that which was passed upon Adam and descended to his son. The latter tilled the "ground and did eat bread in the sweat of his face;" the former "brought forth children with sorrow."

Laterly, Typhus and Typhoid fevers have become more common, though they were very rare for some years after this period.

In the winter of 1841–2, an endemic prevailed of a very severe and fatal character. It was confined in its locality to the village and its more immediate vicinity, and consisted of a violent congestion of the brain—a congestion however, which, if not speedily terminating either in death or recovery, was developed into an inflammation of that organ and its membranes. Some of the cases took the form of a more distinct cerebro-spinal meningitis—a disease which has subsequently prevailed more generally, has been endemic or epidemic in many regions.

Fortunately at the time above referred to, not many attacks occurred, but a considerable proportion of those that did occur were of the most terrific severity, destroying life in a very few hours. The more grave symptoms were preceded by moderate indisposition, dullness, &c., and ushered in by a chill of variable severity. In some cases, there would be no reaction from the first chill, the patient falling into a comatose condition with coolness of the surface, particularly of the extremities, though with some degree of heat of the head, rather feeble though sometimes a hard pulse, rigidity of the muscles, particularly of the neck; sometimes violent, general, clonic convulsions speedily terminating in death. In other cases, the patient would react from the chill, decided feverishness would occur with great pain in the head, soreness and pain about the muscles and integument of the neck and other parts of the body, erythematous spots upon the extremities and other portions of the surface; the pain in the head would increase, abnormities of the senses and intellect would supervene, tetanic spasms, sometimes clonic convulsions, coma and death would follow.

In other cases, still, with similar premonitory symptoms, a chill would come on followed by fever and pain in the head and other parts of the body, vertigo, ringing in the ears, scintillations before the eyes, &c., but under treatment the symptoms all abating and the patient speedily recovering.



A few cases were more protracted manifesting symptoms of decided inflammation, resulting in more or less complete recovery, or terminating fatally after two or three weeks. One little patient some eight years old, was left deaf, speechless, with imperfect vision and various distorted muscles. Some of the cases of this endemic were relieved by bleeding, but more were in such a state of depression, that the abstraction of blood seemed to hasten the fatal termination. Some sank almost immediately after an ordinary venesection. The treatment which appeared to produce the best effects, consisted of diaphoretics and counter-irritation. If the extremities were immersed in hot water and sinapisms were afterwards applied—if sinapisms or blisters were applied to the neck, spine and epigastrium—warm diaphoretic, and somewhat stimulating drinks were given, and Dover's powder, Carbonate of Ammonia or Acetate of Ammonia were administered, together with suitable alteratives and laxatives, and these means were resorted to quite early, a favorable termination was promoted.

During the same winter, pneumonia also prevailed and was confined nearly to the same locality with the brain disease. It was of a rather low type, some patients did not bear depletion well, and there were a number of deaths, though a large proportion recovered. There was nothing farther than just intimated peculiar in the disease or its treatment.

Some two years after this, a more general erysipelatous epidemic reached in its prevalence our locality. The disease, though doubtless essentially the same in its nature, assumed a variety of specific forms; sometimes presenting itself as well marked erysipelas of the face, extending to the scalp and other external parts, passing through the course and stages which that disease usually pursues; at other times its force was expended upon the mucous membrane of the fauces, tonsils and throat generally; in other cases upon deeper external tissues, the cellular structure, muscles and even periosteum, but too frequently it attacked internal vital organs, the brain, stomach and intestines, peritoneum and lungs. This, too, was a frightful disease numbering in every location it visited more or less victims.

Its course and results were various according to the severity of the attack, the condition of the person affected and the organs implicated.

Whatever the part ultimately and principally affected, the early symptoms were very similar. The patients were attacked with a chill followed by fever and soreness of the throat, an erysipelatous inflam-

mation of the mucous membrane of the fauces and adjacent parts. In many cases, the whole force of the disease was expended upon these parts, no other local manifestation of it occurring, and the results in such cases were almost always favorable, the patient recovering in a few days, sometimes in a day or two, and within a week or ten days at farthest. In other cases, the soreness of the throat after a few hours would suddenly recede, and at the same time a blush appear on the nose and face, manifesting the appearance and pursuing the course of an ordinary facial erysipelas, extending often over the scalp and to other parts of the body. In all these cases where the disease appeared upon the skin, (with a single exception so far as my own practice was concerned,) the patients recovered, though some of them after a long and severe struggle, with much suppuration of the subcutaneous cellular tissue in different localities.

In many cases, the disease pursued a different course. Upon the recession of the soreness of the throat, instead of the erysipelatous inflammation appearing upon the skin—its more natural seat—it would attack the membranes of the brain and spinal cord, the mucous membrane of the stomach and intestines, the peritoneum or the membranes of the chest—bronchial or pleural.

When the transfer was to the brain and spinal cord, delirium, coma, convulsions and death were the usual results, often very speedily occurring. Some lingered and died after a few weeks; the cases marked by progressive emaciation, various muscular contorsions amounting in some cases to tetanic spasms—blindness, deafness, mental aberrations, &c., varying according to the parts affected and the extent of the lesions.

When the stomach and bowels were the seat of the disease, the results were equally speedy and fatal—vomiting was usually incessant, nothing could be borne upon the stomach; the countenance would become shrunk, the extremities cold, but the intellect would remain clear, death apparently taking place from shock.

When the peritoneum was the seat of the disease, the usual symptoms of a severe peritonitis were present though generally with more depression of the pulse and vital energies; the patients dying speedily from shock, or lingering longer, presenting evidence of serous, plastic and purulent effusions—the purulent predominating. Some of all the different varieties recovered, though many more did not.

The number of cases in which the disease attacked the organs of the chest, were fewer, but the results were similar.



When vital organs were attacked by a disease which, when affecting the skin, produced such serious changes in its structure and functions, their actions were necessarily so changed or suspended, as to produce the most serious results. In many cases, and especially where the stomach was involved, the hands of the practitioner seemed paralyzed beside him. Nothing could be administered by the stomach and retained in that organ, and no external applications or intestinal lavements would produce any effect. We could scarcely do more than stand by and witness the work of the destroyer.

During the prevalence of this disease in our region, nearly all traumatic injuries were attended with erysipelatous inflammation, and usually much suppuration; and almost all puerperal women had severe and generally fatal hysteritis or peritonitis, or both. Out of some half dozen severe cases in the hands of my associate in practice and myself, only two recovered, and both of them after early, free and repeated bleedings. The others were either not bled or sunk the more rapidly, apparently in consequence of bleeding.

As a general thing, depletion by the lancet, in this epidemic was not well borne, and yet in some cases it was the only hope. Opium and Quinine in anodyne and diaphoretic doses, together with mild alteratives and active counter-irritation, came to be the means we most relied upon. Other diaphoretics, as well as laxatives and diuretics were used as adjuvants.

Since that time I have learned the use of the *Muriated Tinct. of Iron* in erysipelas, and should now rely chiefly upon that article in this disease. It will be recollected that a Doctor Duncan (I think that was his name), a Scotch practitioner, a few years ago brought this use of the article prominently before the profession, and the trials I have had of it, have given me the greatest confidence in its power. Whether it operates by sustaining or modifying the vital powers of the system, by improving the blood corpuscles, or by destroying the erysipelatous poison in the body, or, indeed, by some other process, I do not know. I used it at first empirically, and upon the authority of this Scotch practitioner. I use it now with perhaps equal empiricism, but because I have witnessed its good effects. I have also used it in a few severe cases of *small pox*, from the analogy which exists in the condition of this disease and erysipelas, and with such results as encourage me strongly to test it farther.

It is given in doses of fifteen drops, well diluted, repeated once in from two to four hours, suspending its use occasionally and administering a mild cathartic, especially if much feverishness be present.

To descend to particular cases illustrating the disease I have been noticing, would protract this communication too much. In the next, I propose to deal more in individual cases possessing points of interest in the estimation of

A COUNTRY DOCTOR.

---

#### ARTICLE IV.

*Report of a Clinical Lecture delivered in St. Mary's Hospital, Detroit, to the Clinical Class of the University of Michigan.*

BY PROF. A. B. PALMER, M. D.

GENTLEMEN:—

We come again this morning to make some further observations upon this case of P. C., which was designated as dropsy some time ago. From the investigation then made, the conclusion arrived at was, that *disease of the kidneys* was playing a prominent, if not a principal part in the production of the morbid phenomena so strikingly presented. The observations of the case since the first examination have confirmed the view then taken. The urine has continued to manifest albumen at each examination, its specific gravity has continued low, the dropsical symptoms, though relieved by the tapping, have persistently returned; and the derangements of other functions or evidences of other morbid states have not been of such a character as to account for these symptoms.

You will remember it has been stated and repeated that disease of the kidneys is capable of producing dropsy in three ways, viz:

- 1st. By failing to carry off sufficient water from the blood;
- 2dly. By failing to eliminate sufficient urea; and
- 3dly. By carrying the albumen out of the blood.

The quantity of urine voided may vary much in health, or at least without special disease of the kidneys. It is varied by the amount of fluid absorbed by the stomach, and by the quantity of cutaneous and intestinal transudation. It is also varied by the freedom of the blood's circulation. If there be obstruction in the portal or hepatic vessels, the vena cava, the heart, the lungs, the aorta, or the renal arteries, the urine will be scanty though the kidneys be sound. In diseases such as fevers, &c., which interfere with the capillary circulation, this secretion is deficient without special fault of the kidneys;



and obstruction of the duodenum also diminishes the urine. All these circumstances must, of course, be considered when attempting to determine whether abnormities in the quantity of urine be due to the kidneys or not.

But diseases of the kidneys themselves may affect the quantity of their secretion, either diminishing or increasing it; and there may be decided disease of these organs present, without the quantity of urine being materially changed.

The Malpighian bodies are believed to secrete the aqueous parts of the urine, while the tubuli ureniferi secrete the solid constituents. If the latter be strangulated or obstructed in their action, while the functions of the former remain entire, there may be an abundance of fluid, while the solid parts are deficient or changed, modifying the quality of the urine and thus rendering it morbid.

Morbid urine may consist in altered quantities of healthy ingredients—an increase or a diminution—or in the presence of substances which do not belong to its healthy state. When there is imperfect assimilation from taking too much food, or from diseases of the stomach and accessory organs, the kidneys rid the system of these matters, and the urine is loaded with them. The same is likely to occur when respiration is imperfect, or when there is a rapid disintegration of tissues. In most of these cases there is only an increase of the natural constituents of this excretion, and the kidneys themselves may be in a healthy condition.

When any natural solid elements of the urine are markedly deficient, there is usually disease of the kidneys themselves; and when there are present substances which do not belong to it, such as the proper elements of the blood, these organs may be regarded as being in fault. When the elements of the blood are present in the urine, we may infer that either a hæmorrhage has occurred—there has been a lesion of vessels—an acute inflammation is present, or there is some one of the forms of disease of the kidneys going under the general designation of Bright's disease.

In Bright's disease, the nature and different varieties of which will be alluded to directly, we may have the presence of the blood constituents, or the absence or a defect of some of the natural ingredients of the urine; or both these conditions combined. The same diseased condition of the kidneys which causes the elimination of albumen, usually prevents the secretion of ingredients properly belonging to urine. There is a deficiency of urea, and the elements of this ma-

terial are retained in the blood, acting upon the brain, the nerves, and other tissues, producing various morbid results.

Albumen may be drained from the blood by deranged action of the kidneys, but blood corpuscles cannot pass through these or other organs without rupture of vessels.

It was mentioned in the former lecture that heat and Nitric Acid were the tests of albumen in the urine—that they coagulated it and threw it down in a flocculent mass. But all flocculent masses precipitated by heat are not albuminous. Phosphates, when in great abundance, will be precipitated by heat, but Nitric Acid in this case will dissolve them and clear up the fluid. It requires the application of both these agents to urine to determine positively the presence of albumen. But the presence of albumen in the urine does not always show that this substance was secreted from the kidneys. Blood, pus and mucus are composed in part of albumen, and when present in the fluid, from whatever part of the urinary apparatus derived, will respond to the tests.

Again, the secretion of albumen from the kidneys does not always indicate the presence of that more permanent morbid state which is usually understood by Bright's disease. Acute nephritis will cause albuminous urine, and conditions of temporary irritation and congestion short of acute inflammation will sometimes produce this result. We are not therefore justified in concluding from the presence of albumen that a permanent disease of the kidneys exists, unless the albumen presents itself for a considerable length of time. It is proper also to state in this connection that the absence of albumen in the urine for a time does not disprove the presence of permanent renal, or Bright's disease. It is sometimes absent while the disease is progressing.

The term Bright's disease, as may be inferred from what has preceded, is a general one, and includes a variety of particular conditions in which an albuminous state of the urine is usually present. Albuminuria is another term of similar signification, and the particular form of disease described by Dr. Bright, and which first took his name, has since been designated as Granular kidney.

In Bright's disease, the most frequent, and according to some authors, the only condition is congestion, inflammation and their consequences. In some of the varieties of the disease there is probably simple congestion. In others there is inflammation—a stasis of blood occurring, and effusions of various materials, most commonly plastic, with subsequent contraction of the deposits in many cases, producing



various results. There are also *fatty* and *waxy* degenerations, whether or not dependent in any material degree upon inflammatory action is not fully established.

Of Bright's disease, Rokitansky makes eight varieties; others recognize a smaller number, while others still exceed even this. Indeed, there are very many degrees of morbid condition from the simplest and slightest congestion which may cause albuminous urine, to the gravest disorganization or degenerations which are capable of occurring. I will briefly designate those which have been most clearly recognized, and may be found practically useful.

1st. Catarrh of the kidneys, in which they are congested and swollen, arising usually from cold, exposures, &c., and imperfect functional action of the skin. It has its most perfect and characteristic development as a sequel of scarlatina. The condition of the organ has been designated as the "coarse kidney," and as occurring after scarlatina, there is a desquamative nephritis—a condition of the internal surface of the kidneys similar to that of the skin in this disease. The urine is found albuminous, containing usually also blood corpuscles and epithelial scales, and not unfrequently casts of the tubuli uriniferi. The urine is usually scanty and decidedly defective in urea, the blood not being properly depurated. The blood being thus drained of its albumen and rendered irritating by being loaded with urea, and withall the water not being properly carried out of the system, we have all the proper conditions for producing dropsy, which in these cases will often be found to be present, occurring suddenly and in a marked degree.

We have here in another bed a boy some seven years old who is laboring under the effects of scarlet fever. The eruption disappeared some days since, but there is still much irritative fever, a decided swelling of the glands of the neck, and a rheumatic tenderness in almost every part of the body. You see he complains on touching or moving any part of him. In this case, however, there is no dropsy, and by testing his urine, we have found it not to contain albumen; but it is deficient in urea, and I have no doubt that that material in the blood is producing much of the irritation and tenderness of the tissues which are present. There may be still in the system some of the peculiar scarlatinal poison which is assisting in the production of these effects. Under a diaphoretic and eliminative course of treatment, the symptoms are improving, and complete recovery will in all probability occur.\* A slight modification of the

---

\* The case subsequently terminated in accordance with the prediction.

diseased action of the kidneys would have given us albumen in the urine, and then as a consequence we should have had dropsy—a symptom so common after scarlatina.

This catarrhal disease of the kidneys is an acute disease, and one which under proper treatment usually disappears.

2d. The second variety of Bright's disease is more chronic, and is designated as the "large white kidney." The organs are double their natural size from a sort of slow inflammatory enlargement, but are still rather soft, and the tubuli uriniferi are to a greater or less extent obliterated by inflammatory deposits.

The quantity of urine may be natural, as the parts of the organs which secrete the fluid portion may not be obstructed, but it is very albuminous, contains some blood corpuscles, giving it a smoky appearance, and is deficient in urea.

In this condition of the kidneys, the simple congested state has yielded to deposits of fibrinous materials, changing the color from deep red to a lighter hue, and producing the results already described.

3d. The third variety is the "mottled kidney"—some portions being red and others light colored, and is regarded as a transition stage between the last two.

4th. In the fourth variety, the kidneys are described as "large, dense, and white." There is a fibrous metamorphosis of structure. An inflammatory deposit occurs in the areolar matrix of the kidney similar to that which occurs in pulmonic induration, and goes on to a fibrous organization.

The urine in this form of the disease is variable in quantity, moderately albuminous, and defective in urea. Its specific gravity is decidedly low.

5th. The fifth variety is described as the "hard, contracted or granular kidney." The organs are often reduced to one half their natural size; the surfaces are uneven and puckered, of a hob-nailed appearance, resembling cirrhosis of the liver, and its tunic will be found adherent.

There is decided atrophy of the secreting structure, probably produced by fibrous deposits which contract and strangulate the normal parts, in obedience to the general law of the contraction of false membrane in the process of time. This pathological variety appears usually at a later period than those before mentioned. The urine is scanty, of very light specific gravity, often as low as 1005—there being almost an absence of its natural solid constituents, with a mo-



derate quantity only of albumen. Indeed, the albumen is frequently absent also in this form.

6th. Another variety is described as the "coarse kidney"—large, dark colored, and hyperæmic. This generally arises from mechanical obstruction to the circulation as in the right side of the heart or in the lungs. It is a condition of passive hyperæmia with an acute inflammatory affection supervening upon it.

The urine is scanty and of a high specific gravity, being loaded with urates; but the quantity of albumen is small in this form of the disease. The urine is often turbid, and when heat is applied, will clear up at first, but when continued, will cloud again from precipitation of albumen.

Fatty degeneration of the kidneys is not an unfrequent condition, and may occur at any stage and in connection with any of the morbid states described. In most cases it is a consequence of some other morbid condition, though it is thought by many pathologists to occur without the previous local presence of any other diseased action.

When fatty degeneration exists, there will usually be found more or less oily matters in the urine.

Other degenerations than fatty may be found in diseased kidneys from scrofula, rickets, syphilis, mercury, &c., which, however, I will not at present attempt to describe.

All these diseases of the kidneys may supervene on other diseases, and Rokitsky is of the opinion that, as a rule, a blood crisis precedes the local affections. Whether this be so or not, a crisis of the blood is markedly present as these diseases advance.

Its albumen and corpuscles are diminished, its fibrin though at first increased, is afterwards lessened, and urea and uric acid are retained within it, acting as poisons and producing various irritations.

In those conditions of the kidneys which cause them to produce most albumen and least water, the dropsy, all things else being equal, will be most extensive; still extensive dropsical accumulations may occur when those conditions are not present, from the irritation of tissues produced by urea retained in the blood.

There is usually urgent dropsy in acute enlargement of the kidneys, as after scarlet fever; and in the advanced stage of the "large white kidney," the dropsy is usually great, as much albumen is lost from the blood, and much urea is retained within it. In these cases, there is often a degree of inflammation of the serous surfaces pouring out the dropsical fluid, rendering it often fibrinous—more or less spontaneously coagulable.

In chronic contracted or "granular kidney" or "hob-nail kidney," there may be little or no albumen in the urine, and little or no dropsy present; and still dropsy may suddenly come on from the inflammatory irritation in serous membranes, produced by retained urea.

In fatty and waxy degeneration of the kidneys, as well as in chronic wasting of the kidneys and in what is called by some "gouty kidneys," dropsy may or may not be markedly present.

Among the earlier symptoms of approaching dropsy from disease of the kidneys, will be found serous effusions under the ocular conjunctiva, giving a watery expression to the eye.

The anasarca produced by renal disease is not usually confined to the lower parts of the body, as is the case in dropsy arising from obstructed circulation through the liver, and the scrotum is generally affected.

Various local inflammations are apt to occur during the progress of renal dropsy. Both mucous and serous membranes are subject to attacks from the changed condition of the blood and nervous energies—the presence of urea doubtless having an effect. There may be an active bronchitis, gastritis, enteritis, or colitis, producing the various symptoms peculiar to each; and the pleura, pericardium, peritoneum and arachnoid membrane are subject to severe and rapidly fatal inflammations.

Sometimes a diarrhœa exists when the action of the kidneys are nearly suspended, which is vicarious in its character, eliminating urea. In a case of Bright's disease which I had under my care a few months ago in private practice, the uræmia or toxæmia was so great on several occasions as to produce the most profound somnolency, when a diarrhœa either spontaneous or induced would relieve the symptoms, showing that the urea was discharged.

Sometimes the endocardium and lining membrane of the arteries become inflamed and contracted more particularly in the later stages of Bright's disease, causing imperfect action of the heart's valves, and diminution of the caliber or obliteration of the arteries. Apoplexy, arrest of circulation, and softening of the brain, may result from such affections of the cerebral arteries. Not only does toxæmia produce somnolency strongly resembling that produced by opium, but it also occasionally produces cramps in the limbs resembling in some instances those produced by cholera.

Some forms of Bright's disease are acute, as have already been intimated; while others are very chronic, insidious in their approach, slow and vacillating in their progress, lasting for several years. The



urine may have little albumen and be normal in quantity, but when so, it is of a light specific gravity—is deficient in urea. Often in the early stages of the disease, the diagnosis is somewhat difficult: especially when it supervenes upon, or is complicated with other morbid states; and repeated examinations of the urine, and careful observation of all the symptoms and circumstances are necessary to form correct conclusions.

Among the causes of acute albuminuria are scarlatina, exposure to cold, a drunken debauch, and irritating diuretics.

The causes of the more chronic forms are similar to those of the acute, repeatedly, but less intensely applied. Judging from my own observations, the habitual use of spirits, and repeated exposure to wet and cold, constitute, especially when combined, by far the most frequent causes. The case before us is similar in its cause to a large majority of those that have come under my observation.

The rheumatic, and especially the gouty diathesis act as predisposing causes; and the same circumstances which induce attacks of gout and rheumatism also tend to produce the disease under consideration. They are therefore often found combined—and both gout and albuminuria abound much more in England than in this country.

Most of the acute cases occurring after scarlatina, are susceptible of cures; and the more chronic cases, if detected *very early*, before disorganization of the kidneys has occurred, may often be removed. When however the case is of considerable standing and effusions with structural changes have already taken place, careful management may prolong life in many cases for a few years or at least many months, but a cure cannot be expected. The prognosis then, in chronic cases, well established, is decidedly unfavorable. When organization is destroyed, it cannot be restored.

On the treatment of this disease, I shall at present be very brief. In this early part of our clinical course, it has been more particularly my object to instruct you in pathology and symptomatology—to make you familiar with the nature and phenomena of disease—to enable you to interpret appearances, and learn the principles of diagnosis, than to dwell minutely upon the treatment of cases. The detail of special therapeutics will come hereafter.

Of the treatment of C. since he has been in the house, I cannot give you a full history, as I have not searched with that reference the hospital records. From the general statement which you have just heard upon the subject from Doctor Pitcher, under whose care he

has been, the treatment has been adapted to the symptoms and complications which the case has presented. In all cases of this disease, such adaptation must be studied, for we know of no specifics for Bright's disease.

From the view we have taken of its pathology, the indications in the first stage of the disease are, to subdue the inflammation of the kidneys, and at the same time to obviate the effects produced by the morbid state of these organs upon the rest of the system.

There is an early and decided tendency to impoverishment of the blood, which must be constantly borne in mind—and yet there is an inflammation which requires to be subdued. If the constitutional powers, and the condition of the blood are still unimpaired, bleeding to a moderate extent may be practiced, both general and local. At the same time, small doses of Tart. Antimony may be given as the stomach will bear, and as shall not produce too much spanæmic effect upon the blood. This article has a direct tendency to control the inflammatory action, and by determining to the skin relieves the kidneys. Other diaphoretics may be used, and among the best is Acetate of Ammonia. Poultices may be applied over the region of the kidneys, alternated with mild counter-irritation; but fly blisters must be avoided, as by absorption of the cantharidin, irritation of the affected organs may be produced. The warm bath may be used, a dry and equable climate should be preferred, and every means resorted to, to keep up a functional activity of the skin. In the early periods of the disease, other salines may be given for their antiphlogistic effects, but when anæmia approaches, they must be used with caution or laid aside. At the same early stage, Mercury in small alterative doses may do good, but its spanæmic effects must be carefully avoided. When albumen is being drained from the system, Mercury is not well borne—there is often an intolerance of the article—spanæmia and the ulcerative process are readily induced. Minute doses of the Bichloride is the most eligible form for administration, and it must be given with caution and confined to the early stage of the disease. This article in these cases was quite in vogue in New York some years since, and I think I have seen good effects from its administration.

When dropsy occurs, this symptom requires attention. Cathartics which produce liquid stools are the most efficient means of diminishing the effusion. They may be repeated from time to time as the symptoms may require and the system will bear. Jalap and Cream of Tartar combined, forms one of the mildest and best hydragogues.



Antimony in small quantities, and Acetate of Ammonia may be continued, and minute doses of Mercury may sometimes be used.

Diuretics may also be cautiously given, but the more irritating kinds must be avoided. It must be remembered that the kidneys are inflamed, yet a moderate degree of inflammation is sometimes benefitted by a degree of stimulation, a perturbing or alterative effect may be produced. The effects of the stimulating kinds particularly must be carefully watched.

As the disease advances and the blood becomes depraved, all spa-næmics must be discarded and tonics carefully resorted to.

If the brain be congested, purging together with cupping or leeching to the loins should be resorted to. For special symptoms, such as irritability of the stomach and vomiting, special means are required.

While blisters in the early stages may irritate too much the kidneys, in the latter they may be attended with gangrene and sloughing.

For the serous inflammations which are apt to supervene—cupping, purgation, antimony, counter-irritation, with but little Mercury, are the means to be relied on. The *Veratrum Viride* may be worthy of a trial.

When the dropsical accumulations become too burdensome and painful, tapping must be resorted to. You have seen the relief which these operations have procured in the case of C. For sometime after the punctures were made in his legs, the water flowed away freely, and the anasarca has not returned to so great a degree since. In making these incisions, care must be taken lest they ulcerate or slough. They should not be made too far from the centre of circulation. The thighs are less likely to slough than the legs. Small punctures, such as may be made with an exploring needle, will, if several be made, draw off the water, and are not as likely to make sores. The performance of paracentesis abdominis has given relief, but it will only be temporary.

In all the advanced stages of chronic cases, the strength must be conserved, but the effects of stimulants and tonics must be watched lest the head be affected.

In all cases, the skin and intestines should be made to do as much work as possible, that they may perform as much as they are capable of the function of the kidneys.

I have thus given you a brief outline of the nature and treatment of renal dropsy, with a specimen before you to illustrate and impress the lesson. In your future studies and observations, you will have

the remembrance of an actuality in your minds—a standard of comparison—a point of departure for your investigations. This, and all other cases of disease, you see and study here, of however much importance you may now consider them, you will appreciate vastly more, when, thrown upon your own resources in actual practice, you meet with those of a similar character. You will feel infinitely more at home where you recognize an old acquaintance.

---

## ARTICLE V.

*From our Chicago Correspondent.*

---

MESSRS. EDITORS :

The matter of the City Hospital is still unsettled. The County Medical Society held a meeting last month to consider the subject. The attendance was unusually large, and the sense of the profession was evidently and decidedly almost all upon one side. A resolution was offered to the purport, that it is not in accordance with true ethics for members of the society to accept appointments in any hospital which is in part controlled by irregular practitioners. A few members made a slight opposition to the resolution, but the general sense of the meeting was so decided, that when the vote was taken, there was not a single vote in opposition. A motion was then made that this is the unanimous expression of the society, which also passed without opposition.

At a recent meeting of the physicians who hold the appointments, it was resolved to ask the Board of Health to remove the Homœopathic Board, and simply allow such patients as choose, to send informally for a Homœopath at their own expense to treat them. I have been told that those of them who at first thought they would accept the appointment in spite of the co-existence of an equal Homœopathic Board, have on further consideration modified their view of the matter, and that unless the Homœopathic Board is removed, they will all resign. If they stand up to this mark, they will fully justify themselves before the public. To allow Homœopaths to treat patients at all in the building, is objectionable it is true, but if they are simply allowed to come in informally at a patient's special request and hold no appointment as officers of the institution, it does not seriously compromise the position of the Board of Physicians and Surgeons.



There is a side issue connected with this matter which requires notice. Drs. Davis, Andrews and others who refused to be appointed unless the Homœopaths were first expelled, have been openly and repeatedly charged with "being under the thumb of Dr. Brainard and playing into his hands." The state of the case is this:

Dr. Brainard being superseded in the Marine Hospital, and having now no connexion with the Mercy Hospital, is said to be in a great straight for a place wherein to give clinical instruction. He is said to be therefore anxious to break up every arrangement in the City Hospital, which does not place him and his special friends in the Medical Board; in hope that by some turn of the wheel they may be thrown in. Whether from these or other motives, some of his adherents, who, like himself, had taken no previous interest in the County Society, were present at the meeting above referred to, and for once at least, were on the right side. Of course, they were among the foremost in denouncing the then pending arrangement of the Board of Health—their zeal having a right direction but a more questionable motive.

To assert, however, that the consistent and conscientious refusal of the before named gentlemen to fraternize or to have any connexion with quacks, was all an effect of such an influence as is charged, is assigning the matter an etiology worthy of the genius of Hahnemann himself. Over some of these men, at least, Dr. Brainard's influence is a nullity.

The fact is the voice and sense of the profession here is all upon one side in this matter;—it is natural, spontaneous and right, and springs from no man's dictation.

One of the Homœopaths has fulminated a pamphlet on the subject of the whole affair of the hospital, treating it as might be expected from men who, as a class, are afflicted with chronic *logorrhœa*.

I had an opportunity not long since to inspect the cabinet of the Illinois State Geological Survey at Springfield. It contains at present about ten thousand specimens. This survey has been lazily in progress about six years, and is perhaps half completed. Doleful accounts are given of alledged inefficiency of the State Geologist, Dr. Norwood, but as I have no personal knowledge of the matter, I do not repeat them. The cabinet is as yet very imperfectly arranged and labelled. I also saw a part of the fine collection of the late Assistant Geologist Mr. Pratten, now deceased. Among his specimens were some fossil bones from Nebraska, in the celebrated *Man-vaies Terre* locality. One was of a turtle about a foot in diameter.

The upper and lower shells were perfect, except that part of the epidermoid plates were absent, showing the bone with its sutures and cancellated structure beneath. Another was the skull of the ruminating hog or *oreodon*. The structure of this fossil animal was in some respects like the peccary of South America, and in others like the camel and lama. The specimen which I saw could not have been larger than a small hog. D. D. Owen says that it was truly a ruminating hog, which is proved he thinks by the teeth. Its molar teeth certainly resemble those of animals that chew the cud, especially the deer, but the canines and incisors do not. The articulation of the jaw was missing in the specimen which I saw, so that I could get no light from that. On the whole, I doubt the truth of the conclusion that it was a true ruminant. It seems to me that the teeth simply prove that there was a lateral grinding action of the jaws, in mastication, as there is in the horse, but not that there was a true chewing of a cud raised from the paunch as in the ox and sheep. The color of the bones was as perfect as if the animal were killed yesterday. The skull had a translucent oily white look like a fresh bone which is a little greasy. They are from the Eocene Tertiary formation, and are accompanied with the bones of numerous rhinoceroses of several species, all, of course, extinct long ago.

Mr. McChesney, brother to Dr. McC., a graduate of Michigan University, pointed out to me the evidences of a fresh water formation covering a large part of Illinois more recent than the drift. The fossils are mostly fresh water shells. It seems that this was the real age when the mastodon lived, and that these monsters haunted the shores of the tremendous lakes which covered a large portion of the continent after it had risen from the troubled waters of the drift period. As the outlets of these lakes wore deeper their muddy channels, the lakes were gradually drained off till they were reduced to their present size. The land became drier, the vegetation less luxuriant and the Mastodons no longer finding good feeding grounds became extinct.

The health of the city is fair. Children have suffered a good deal with bowel complaints, and some dysenteries have prevailed among adults, but not generally of a very severe form. There is no cholera. The deaths last month were fewer than in the same month last year.

Chicago, Aug. 15, 1857.

X.



## ARTICLE VI.

*Lactic Acid in Dyspepsia.*

MESSRS EDITORS:—

At the time of my leaving the University of Michigan, I was favored with a kindly invitation from one of the editors of the "Peninsular" to contribute to its pages from time to time, whatever of interest might fall under my observation. In accordance with this invitation, I had in process of writing at the time your July number reached me, an article on the use of Lactic Acid in the treatment of atonic dyspepsia, or that form of the disease characterized by an insufficient secretion of gastric juice. Having suffered somewhat from the above form of the disease without receiving appreciable benefit from the usual treatment, the observation of Headland (on the Action of Medicines, p. 78) that "there seems to be most reason to conclude that the acid of the gastric juice is the lactic, which would be easily formed out of the constituents of the food," suggested to me the idea of making a trial of it in my own case. I have employed it more or less for the last year in my own case, and in those of some others similarly afflicted, and generally with complete success. Not remembering to have noticed its employment in this way in my course of studies, I began to examine my library as to its novelty. I found in Gardner's Medical Lexicon, page 389, the following observations: "In consequence of the presence of lactic acid in matter undergoing digestion, it has been proposed to make use of this body as a remedy in atonic dyspepsia. For this purpose, it may be given in doses of grs. iii. to grs. v. in lozenge or pills, or what is much more convenient, in the form of *sour buttermilk*. It is not milk only, but most vegetable juices, and starch, beet-root, sour-kraut, &c., in a state of decomposition which liberates lactic acid; and that its presence is remarkably conducive to the digestive process, is proved by the rapid fattening of animals fed upon these bodies, when soured by its presence." Since meeting with the above, I have followed the suggestion of Dr. Gardner and employed sour-buttermilk, as being more economical and convenient, and I have found it nearly or quite effectual as the acid in substance. After reading the observations of Dr. O'Conner of the Royal Free Hospital, as noticed in the July number of the "Peninsular," I gave over the idea of sending you any elaborate essay on the subject, (as it will be seen we both were anticipated) and I have merely contributed this as corroboratory of his statements, and with the hope that

some of my co-laborers having a more extensive scope of practice, will more fully test its merits.

Yours truly,

B. D. KEATOR, M. D.

Bloomville, N. Y., July 21st, 1857.

P. S. In conjunction with the above treatment, I usually prescribe a pill composed of equal parts of Rhubarb, Capsicum and Ipecacuanha.  
K.

---

## EDITORIAL AND BOOK NOTICES.

---

THE GENERAL HEALTH.—We think it questionable whether our city, at all times regarded as one of the healthiest as well as universally pleasantest of Western cities, has ever experienced a more genial and salutiferous succession of seasons than those of the present year. Upon this point, physicians, apothecaries and undertakers are unanimously agreed, we believe. In conversation with one of our oldest and busiest sextons a few days since, he stated that this was his *dullest* season for many a year. This, we think too, has been a general complaint among business men “of the dullness,” but why a general dullness of business among merchants or speculators should affect the undertakers pursuit, is not very clear, as his business like the doctors, evidently must in some manner be performed, money or no money circulating. Since which things are so, we conclude that this dullness of the sextons business results either from unusually successful practice of the doctors, or a deficiency of patients upon which to exercise their skill, and as none, as far as we know, lay claim to any wondrous prophylactics, we adopt the latter hypothesis.


This public benefaction we attribute not to superior intelligence, or to disinterested care and exertions, or to any moderate knowledge of hygienic laws and necessities on the part of our incumbent city officials. Such a statement would gain no credit for a moment. To be sure, much is due to our delicious water at every one's door, to our system of sewerage and paving of the importance of which we fear our well informed citizens are not all sufficiently appreciative—much is due also to our wide and airy streets and our parks. But for all this, we will give honor to whom honor is



due—to our fathers, not to our *present city fathers*, but to our antecedent city fathers.

But then our healthfulness is due not exclusively to local causes. It is a general blessing. Newspapers and medical exchanges from various and distant parts speak of this fact. To be sure, we have seen statements or heard rumors of occasional cases of yellow fever making their appearance as far north as Philadelphia, but such rumors have been unsubstantiated, and are perhaps without foundation. Our own diseases here have not only been infrequent, but generally of the mildest character. Bowel complaints not near as common as in other years; fevers few, mild, generally intermittent, cholera infantum perhaps more frequent than any other disease, but the mortality from it this season comparatively insignificant. This is the result of our own observation. To the character of the season, doubtless must be attributed mainly this exemption from disease. The summer has been cool and the weather unexceptionable. During the past two months, rainy days in the average two in the week, sufficient to keep down the dust and thus save our eyes and lungs, and to furnish the supplies for a healthful evaporation from the surface of the earth. The early part of the season was unusually rainy, through May and June. But this seemed in no way to prejudice the healthfulness of the season, and contributed no little to the luxuriant growth of the vegetation; and to crown our blessings, as the result of the wise ordination of circumstances which has favored us with those of health and a pleasant season, we have that of generally prolific harvests. Truly, this should be a year of jubilee and a season of thanksgiving.

C.

 We present our subscribers this month a number composed of entirely original matter. The usual selections being crowded out by the number and length of communications from our contributors. Notwithstanding this, we have still several communications, necessarily deferred till the issue of our next number. We own our obligations to our contributors, and wish we could say as much in regard to our subscribers more generally than the truth will warrant.

PRIZES OF THE MASS. MEDICAL SOCIETY.—The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the rela-

tions of bronchitis to other diseases of the lungs was written by Dr. W. J. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writers name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1858.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15, 1858.

Yours truly,

J. B. ALLEY, M. D.

Rec. Secretary.

A DUN.—The present we deem a fit opportunity to call upon our subscribers, and urge them to remit us our dues for subscriptions. To each individually, the amount is but small and can scarcely be felt, but the aggregate amounts to many hundreds of dollars and the want of it is very inconveniently felt by us. Now is the time while the harvests are gathered and the money is in circulation, please remit.

ELEMENTS OF PATHOLOGICAL ANATOMY. By SAMUEL D. GROSS, M. D., Professor of Surgery in the Jefferson Medical College of Philadelphia, &c., &c. *Third Edition*, modified and thoroughly revised. Illustrated by 342 engravings on wood. Philadelphia: BLANCHARD & LEA, 1857. For sale by RAYMOND & SELLECK, Detroit.

The present edition of Prof. Gross' Pathological Anatomy is almost tantamount to an entire new work, it having been to a large extent re-written, and much new matter added. Indeed, the progress of pathological science has required that material modifications should be made.

One hundred and thirty new wood cuts have been added, drawn mostly from the author's own specimens and under his personal superintendence. For want of space, we must defer to another occasion a more extended notice of its contents, and of the manner in which the author has acquitted himself in the task he has undertaken. In the mean time, we bespeak for the work a favorable reception by the Medical Profession, and doubt not that from the high reputation of the author and the fact of its being an American work, a hearty encouragement will be given it by the American faculty.



MANUAL OF PHYSIOLOGY. By WM. SENHOUSE KIRKES, M. D., &c., &c., &c. A new and revised American edition, from the last London edition, with two hundred illustrations. Philadelphia: BLANCHARD & LEA, 1857. For sale by RAYMOND & SELLECK.

This work has been designed as a text book on physiology, more particularly adapted to the period of pupilage—as one to be consulted by the student and practitioner for established facts and generally admitted principles. We regard it as admirably adapted to fulfill this purpose. To the extent of its teachings, being perfectly reliable, and these teachings comprehending all the facts and established principles, more comprehensive works could scarce offer an advantage, as they can furnish only more minute knowledge of the allied sciences as the anatomy and chemistry of the organs, structures, products, &c., with a large amount of speculation. For those, however desirous of pursuing the study of this unsettled portion of physiological science, ample references are given where any particular subject or any particular individual opinion and speculation may be consulted. The new edition has been supervised by Dr. J. Aitkin Meigs, who has shown himself well fitted for the post.

Say the publishers: “The title of Manual has been retained in place of Handbook, as being better suited to the character of the work.” Why the word manual is better, we do not understand, unless it be that this being the Latin synonym, may, perhaps, appear more pedantic. For ourselves, we can see no improvement in this insignificant alteration, nor do we know either that the change is for the worse. Certainly, the merits of the book are in no way affected by it.

---

PRINCIPLES OF MEDICINE. By C. J. B. WILLIAMS. *An Elementary View of the Causes, Nature, Treatment, Diagnosis and Prognosis of Disease, with brief remarks on Hygiene, or the Preservation of Health.* A new American from the third and revised London edition. Philadelphia: BLANCHARD & LEA, 1857. To be had of RAYMOND & SELLECK, Detroit.


We congratulate the medical public upon the issue of the above new edition of William's Principles of Medicine. The work has been a long time before the profession, and has been a standard authority as a guide and text book. The subject is one of great importance, a familiar acquaintance with which and definite ideas in regard to its principles, contributing, as we think, more than any other branch of medical science to rational practice. We have re-

garded the teachings of this author as entirely reliable, and the work as particularly deserving of commendation.

---

## MISCELLANEOUS.

---

 Dr. Hauner, physician to the Children's hospital at Munich, has published various brief therapeutical observations, some of which we find in the *Virginia Medical Journal*, and select the following :

*Vaccination of erectile tumors.*—The author employed this treatment in three cases of *nævus*, and was successful in each case. He introduced vaccine virus by little punctures around and upon the tumors. The pustules followed their usual course, and, when they had desiccated, there was no trace of any tumor.

*Chlorate of potassa.*—Employed in seventy cases of ulcerative stomatitis, with marvellous success. The repulsive odor of the breath commonly disappeared in four hours. The same remedy was useful, though in less degree, in diphtheritic affections of the fauces and pharynx, and in mercurial stomatitis. Author's formula: Potass. chloratis, ʒss, ad. ʒj; aquæ destillatæ, ʒiij; syrupi, drach. ss. M. To be taken in twenty-four hours.

*Ipecacuanha.*—Small doses of ipecacuanha succeed admirably in the vernal and autumnal catarrhs of infants. The author gives a weak infusion, 3 to 6 grains in two ounces of sweetened water, two teaspoonfuls every two hours; or powders,  $\frac{1}{12}$  grain of ipecac. with two grains of sugar of milk, at the same intervals. Ipecacuanha is useful also in the summer diarrhœas of infants. The infusion already mentioned, with the addition of half an ounce of syrup of poppies, is useful for this purpose.

*Creosote.*—The author has succeeded in arresting two cases of obstinate vomiting, for which he had exhausted the pharmaceutic arsenal, by small doses of creosote in sweetened water.

*Walnut leaves.*—Dr. Hauner regards this as one of the best remedies in most cases of the scrofula, especially when the tissues are flabby, pale, and the functions torpid. He habitually prescribes a strong infusion in cases of otorrhœa, scrofulous ulceration, chronic scrofulous exanthemata, and atony of the lymphatic glandular system.

*Cold water.*—The author vaunts the efficacy of the intelligent use of cold water. He has employed cold aqueous lotions, douches, lavements and fomentations, in thirty cases of typhoid fever, with the best results. In croup, he has been pleased with the results of cold applications about the neck. He has successfully treated numerous chronic eruptions with simple water dressings. In scrofulous oph-



thalmia he has found cold douches to moderate photophobia, and prevent relapses. Prolapsus of the rectum has been cured by him with cold sitz-baths, and enemata. He asserts also that he has cured three cases of epilepsy and one of chorea by hydrotherapy.

ON THE PREVENTION OF CONSTIPATION.—Professor Phœbus of Giessen refers habitual constipation to the following causes, which may either act separately or in combination :

1. The too spare employment of articles of diet which promote the action of the bowels. Among these, water is to be placed in the first rank. Either from its not being of convenient access, or its quality being bad, this drink is taken by many in insufficient quantity. In sedentary occupations, the sensation of thirst is too seldom excited, and the habitual frequency of such sensation may become much diminished if the satisfaction of the call be neglected. To this class of aliments also belong fruits, salads, sour milk, honey and fat. Many country people, who sell all their produce, eat little of these things except salad, and the poorer inhabitants of towns often get them only in insufficient quantity. Those persons who can procure them, usually eat salads and fats in too small quantities; sour milk easily excites diarrhœa, fruits may cause flatulence, and honey is not always obtainable good.

2. Too little bodily exercise.

3. Want of exercise of the powers of the large intestine. This is the most influential of all the causes. It is an error to suppose that the power of the will extends only over the sphincter, for it prevails much higher, only it requires considerable more time for its exertion. Several minutes or a quarter of an hour may be required to initiate the evaculatory movement, and the uninitiated may fail altogether in the attempt. By exercising it, we increase the disposition of the intestine to act, but, under any circumstances, this is rarely the case in less than five minutes. By paying attention, we may plainly feel the intestinal movement, and convince ourselves that it is independent of the action of the abdominal muscles; for, although the action of these give the first impulse to the movement, they contribute little or nothing to its progress.

Numerous are the remedies which have been recommended for constipation; but the action of medicinal substances in so chronic an affection may easily become prejudicial, and especially such as exert a chemical or functional action, such as the salts or drastics. In the great majority of cases, no other means are required than those indicated by the above mentioned causes. The commonest of these is the want of exercise of the large intestine. If a stool is desired, the patient must earnestly practice the necessary gymnastic, which consists in alternate movements of the rectum as during actual evacuation, and in rapidly drawing in and then expanding the abdominal muscles. Such movements may be commenced in the chamber and completed in the closet, several minutes, a quarter of an hour, or even more, being required. If evacuation has commenced, but has not proved productive enough, the movements must be continued, the

person making a firm resolution not to quit the closet until the aim has been completely attained. The movements are, in fact, the same as those normally employed; but they are more rapid, and continued for a longer time. Kneading and rubbing the abdomen, recommended by some, are also useful, but as a general rule they are quite unnecessary, and may be reserved for those who are not able to follow the above directions, such as children, insensible persons, &c.

---

THERAPEUTIC PROPERTIES OF IODIDE OF POTASSIUM.—MM. Demarquay and Gustin communicated to the Imperial Academy of Medicine (April 7, 1857) a note on this subject. They state that the favorable effects obtained from the use of the chlorate of potash in different affections of the buccal mucous membrane, have led them to inquire whether the therapeutic properties of this salt were not common to other salts having a striking chemical analogy with it. Profiting by this idea, they have tried the past year, in the service of M. Monod, the iodide of potash, and they state that their confidence in it augments daily. They think it may replace the chlorate of the same base, the iodide acting more promptly, more energetically, and in a less dose than the chlorate. Further, they say that the iodide has been beneficial where the chloride had failed.—*Moniteur de Hopiteaux*.

---

LILAC LEAVES AS A FEBRIFUGE.—M. Macario having been induced to try these in intermittent fever, owing to a popular reputation they had acquired in Flanders, found that of 20 cases, 13 were entirely successful, and 7 failed. In some of the former, quinine or arsenic had failed. A decoction of the leaves was administered fasting, during five or six days in succession.—*Rev. Med.*

---

SULPHATE OF ZINC AND NITRATE OF SILVER IN CHRONIC OPHTHALMIA.—Dr. Posta endeavors to lay down some rules, based on practical experience, respecting the employment of these substances. In all ophthalmias, the zinc should be employed as soon as the chronic stage commences, the proportion being at first 1 part to 75 of the vehicle, going on in case of resistance of the disease to 2 to 100. When there is a slight degree of chronic keratitis present, with cloudiness of the cornea, the nitrate (1-20 part to 30 parts) is the preferable means. He considers that all greater strength than this is unjustifiable and mischievous.—*Bull. de Therap.*

---

GONORRHOEA.—Mr. Dallas of Odessa (Med. Chir. Rev. July 1856) confirms the statements of Taddei, Marchal and others, that copaiba injections afford the most efficacious treatment of gonorrhœa. He reports sixteen cases cured, without internal remedies, by repeated injections of the following mixture: Copaibæ, drach. 5; vitell. ovi unius; ext. opii, gr. j; aquæ, oz. vij. Dr. Henry Hancox (Lancet, August 1856) pronounces buchu as effectual as copaiba in the treatment of gonorrhœa.



**TWELVE-MONTHS' INCUBATION OF A VACCINE PUSTULE.**—M. Blache mentioned, at a late meeting of the Medical Society of the Hospitals of Paris, that M. Dispaül Ader vaccinated in October, 1855, a young lady who was leaving for England. No result was obtained, and he had a letter from his patient more than a twelve-month afterwards, saying that vaccine pustules had just appeared on the spot where the punctures had been made. The pustules went through their usual stages, and their nature was verified by an eminent english physician.—*London Lancet*.

Facts of this kind unequivocally substantiated, must have an important bearing upon the subject of contagion generally, and may cause a modification of views as regards the origin of individual cases of contagious diseases as well as of quasi-contagious diseases. That the period of incubation is sometimes prolonged, or perhaps that the virus is dormant for a period before incubation, there is no doubt. I have but recently vaccinated a child, in which there was no indications of its having taken until the seventh day, after which it ran through the regular stages, and this is not a singular instance. The following fact is also derived from Dr. Pitcher, of but recent occurrence. A child was vaccinated with matter supposed to be good; however it did not work. Two weeks afterwards, it was again vaccinated with other matter, when the vesicles from this matter not only made their appearance, but also genuine vesicles arose from the points of the former vaccination. If cases occur in which there is a prolonged dormant condition, we have in it something analogous to that of the virus productive of Hydrophobia; and the fact that this virus may remain dormant for an uncertain and indefinite period, until roused into action perhaps by a favorable condition of the system; and a similar thing happening from other causes, as tetanus at an uncertain period after injury of the tendons, &c., these would argue the possibility of such a dormant condition to other poisons, and possibly to those of the contagious diseases. The same thing, indeed, may be said of the syphilitic poison which is very often indefinitely dormant.

Now if this dormant condition may pertain occasionally to the vaccine virus, so from analogy, we may infer that it may also to the small pox poison, and possibly also to others of the exanthemata, and hence we may perceive a reasonable explanation of the occurrence of sporadic cases of these diseases, where no recent exposure could be traced; and also that the occurrence of such cases where no exposure can be traced would not necessarily argue an origin from atmospheric causes, as many are inclined to believe and have forcibly argued, but, perhaps, from contagion at some uncertain period.

☞ Dr. J. B. Brown, of London, some years since wrote a work praising the use of Dilute Acetic Acid in the treatment of scarlatina. Dr. B. F. Schnecks, of Lebanon, Pa., has lately got hold of the work and been trying the treatment in a severe epidemic of this frightful disease, and according to his account with remarkable success.

Dr. B. regards scarlatina as a disease of debility or tending to debility, as produced or accompanied by a poisonous influence exerted on the blood, producing a dissolved or putrescible condition of the fluid, causing it to have more serum and less fibrin than natural, &c. Salines, he says, favor this condition of the blood, while Acetic Acid prevents the separation of the serum from the fibrin. He thinks it an antiseptic, an astringent, a promoter of digestion, and an agreeable refrigerant.

He commences the treatment by from 3 to 5 grs. of Calomel followed by Castor Oil or Rhubarb and Magnesia; applies a piece of flannel on the throat from ear to ear, saturated with a soap, camphor and laudanum liniment.

After the operation of the oil, he gives the following mixture to a person nine years old:

Distilled vinegar *diluted*, fʒj (dilute consists of off-distilled vinegar one part; water, seven parts); Syrup, ʒjv; distilled water, ʒjv.—M. Two tablespoonfuls every four hours, persevered in throughout the case whatever the form, and for one or two weeks afterwards. He uses Nitrate of Silver to the throat, grs. X to fʒj, or more, as it may require; gives a nourishing diet after the third or fourth day. Uses the warm bath during desquamation, and keeps the patient in bed throughout. In severe cases he increases the acid; poultices the throat; gives an anodyne at night—sometimes stimulants, as wine, brandy and ether, sponges with tepid vinegar and water, and adds a decoction of bark when adynamia comes on.

The article from which the above material points are taken, is in the July number of the *American Journal of Medical Sciences*, where illustrative cases are detailed.

Every novel mode of treatment which promises success may be tried in those epidemics or endemics which resist the ordinary means. The more established, or rather the older modes of treatment have not been so successful as to prevent our seeking for other and newer ones.

---

☞ Dr. Renucci, colonial physician at Constantine, Algeria, has lately discovered a case of vaccina in the cow, propagated the virus, and received the reward of \$50 offered by the French government.



# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

VOL. V.

OCTOBER, 1857.

NO. IV.

---

## ORIGINAL COMMUNICATIONS.

---

### ARTICLE I.

*Evidences of a General System of Medical Practice being Taught by Scripture, and a Comparison of this System with Rational Medicine and Exclusive Homœopathy.*

BY N. D. STEBBINS, M. D., DETROIT, MICH.

(Continued from page 132.)

### THE TWO SYSTEMS OPPOSITE'S.

It is the opinion of some that the two systems, the regular school and the Homœopathic, might be blended together and make a more successful and better system of practice. Homœopathic physicians understand this as being the opinion of many, and take the advantage of it so far as they are acquainted with the wishes of their patrons, and are known often to make a boast of their being acquainted with both systems, and when necessity demands, they do not hesitate, and as Hempel recommends, to use ordinary doses of medicine with their "little pills," and there are many and good men who say they show their good sense by so doing; that is they are commended for their hypocrisy. Still we always find their writings disclaiming anything of the kind as being the best, always arguing that the two systems are opposites—about the only truthful statement found in all their works as a ground for a new system of theory and practice of medicine. On this subject, Marcy says in his Reply to Hooker, p, 126 :

"The Hahnemannian principle strikes at the foundation of the whole alloëopathic fabric, and the point at issue involves the very *existence* of one or the other method. *There can be no mixing of practices*, no 'very extended and very diversified combinations' of principles, and no compromise of any description between the two schools, for their *doctrines are directly opposite to each other*, so that one side must of *necessity be all wrong*. For this reason we should as soon think of placing the Christian religion before satan for approval, as submitting the truths of Homœopathy to the judgement of an old school Tribunal" "We most *emphatically deny their competency both intellectually and morally*, to render a just opinion respecting the merits of Homœopathy."

Here we have an avowal in the strongest terms, that there can not be any commingling of the two systems, neither can there be any harmony between the two schools. Still they would be glad of an opportunity to crowd themselves, by obtaining a professorship in old schools established for medicine, as we have seen in the case of the University of Michigan. Like all errorists, they are willing to amalgamate at the expense of truth, to give plausibility and character to a false system. Such is the moral and intellectual character of Homœopathy, as well as of all errorists.

Marcy often amuses himself in his works by comparing old school opinions with the dogmas of the ancient astrologers, sorcerers and alchemists!! If we consult Hempel's *materia medica* for the formula for preparing silex (flint) for a Homœopathic medicine, we shall find that the process is the same as pursued by the alchemists with this substance for the purpose of obtaining the "mother earth." An interesting notice of this fact may be found in Goethe's works, of which these wise men (Homœopathists) with Don Quixot have a perfectly wonderful knowledge. So Marcy breaks out in the following strain: "Your old school has boasted of antiquity, You received your 'bundle of ideas' from Hippocrates and Galen, to whom you pay reverence and allegiance." (That is, God's recuperative power to cure disease and inductive science as taught by Hippocrates) We may observe by examining further into works on alchemy, many traces of the foundation for their theory, in addition to the spiritual ideas of Van Helmont and Stahl. We will give a few extracts from a work on the "Hermetic art," printed London, 1714. By a lover of Philalethes.

He says that "*common wheat* in a barn is as dead as common gold in a chest, both of these have life, i. e. of existence and power to *increase their kind*; which *life* must die before the *power*, is brought to action; and when this is done, they are properly called *living gold* and *living wheat*, and not before."



When speaking of the *affinity*, that is known between gold and quicksilver (in common uses), which he (the author of the way to bliss) calls the *grand mother* of the stone and spring of all her goodness. Wherefore says he :

“ When this fine and clear Body of quicksilver is made by nature and art, yet much finer and clearer, and again as *much more piercing and spiritual and able to perform it*, how much more readily will she run to her like and devour it, the clear, fine and *spiritual*, that is the quicksilver of part of the metal.”

Here we have the Homœopathic properties in minerals as “ *spirituality*,” “ *life*,” the law of “ *similia*,” and the “ *banishing*” or “ *devouring*,” &c. This writer says :

“ Therefore (says Giber) no wonder so many fail in their *attempts* to dissolve gold in a *generative way* by *working* on its *compact and gross Body*. For as the *gross bodies* of sol and luna (Ed. sun and moon) are not fit for dissolution, but only their altered and unctuous calxes, so mercury in its gross Body is not able to do this, but in its altered more *subtile and spiritual* nature ; and drawn from its vitriolic caverns, accuated with its *pure salt* and *piercing sulphur*, which then overcomes all *things, even itself*. (Ed. The real antipsoric remedy.) For it not only dissolves sol and luna into its own *nature*, but coagulates itself into theirs, true and fixed, by a *proper heat* only.” “ The author of the way to *Bliss* saith : “ That as the *sun* is the *father* of all things and the moon, his wife, the mother, (for he sends not down these begetting beams immediately, but through the belly of the moon), and this *double spirit* is carry'd in a wind and spirit into the earth to be made up and nourished ; which double spirit or fame. Giber calls the immediate matter of metals.” Arnold says : “ In our imperfect metal, there are the sun and moon in *virue and new power*. The philosophic work begins with this heavenly mercury and an imperfect body, purified.” “ There is a pure matter (saith another) which is matter of gold, containing in itself the *heat that giveth increase* (fire of generation). [Ed. That kind of heat, we suppose, which Marcy needs for making his potent pill.] This is lock'd under thick *foulds* in *common gold*, nor is it to be extracted but by a strong tedious decoction, which is a *work liable to many errors*, and hath always occasioned those that wrought in it to complain of the length and truth of it.”

Here we have astrology, tedious decoctions, attenuations in succession—in developing a new principle. Then says the author :

“ As the former path requires much pain and patience to affect the work, so this requires great *skill and application* to find it out, being deeply concealed. The masters of these secrets do also affirm that these works (which are all one in the end, but not in the beginning) may be *conjoined*, and *made their grand medicine*.”

Here we have the tedious course to pursue to bring out the *deep hidden wonders* from the gross material—a “grand” developed remedy or “medicine.”

The parallel between the two systems of Alchymy and Homœopathy differ in respect to the character of the student and practitioner. For our author says :

“The philosophers agree with one voice that *one worthy of this science must be strictly virtuous leading a holy life, or God will not prosper them.*” “He must have competent understanding, or he will not be able to conceive;” &c. “And unless the mind be kindled with a beam of divine light, it will *not be able to penetrate this hidden science.*”

We are inclined to think that when Marcy issues another edition of his practice, he had better get more light and instructions from his ancient friends, and not treat their parental relationship with so much contempt, and at the same time he will better learn from whence Hahnemann got many of his fundamental principles, and would learn what the character of a physician should be.

Marcy, in his Practice (p. 87), after stating that the theories of Prof. M. Paine and that of Hahnemann were the same respecting the “vital principle,” which, as we have seen, is not true, goes on to say :

“But when we come to the *therapeutical inferences deduced* from these opinions, we find a wide and *essential difference.* The latter (Paine) in summing up his method of treatment, has retained all of the violent and barbarous remedies of antiquity, with very *little* knowledge of their *mode of operation* upon the human system, and with as little certainty as to whether they will *ameliorate* or *aggravate disease.*”

Here we have a specimen of Homœopathic impudence and vile assumption, and generally the finale of whatever they have to say or to write when on this subject. It may be said of the regular school of medicine, they have among them many who are deists and who believe in the developement of the human species, &c. We can say, in reply that whatever may have been the religion of the advocates of the old school of medicine, they have uniformly as teachers and practitioners inculcated the same or similar rational and anti-jugglery treatment of disease. Their moral philosophy has no bearing on the remedy and treatment of disease, while that of Homœopathy we have seen involves both. Note. Paracelsus, a celebrated Swiss alchymist of the 15th cent. (says Pettigrew in his medical superstition, p. 201—205), boasted “that he publicly burnt the writings of Galen and Avicenna,” standard authors of medicine at that time. Would not the Homœopathists



do the same at the present time. "He became renowned by a nostrum called *aroth*, which he vaunted as the philosopher's stone—the medicinal panacea—the tincture of life. He boasted of making man immortal." This would agree with Mr. Everest's opinions as we shall see upon quoting from his sermon: "He styled himself the 'monarch of physicians' (if he had left this appellation for Hahnemann, he might have been in bitter repute with Marcy), and arrogantly exclaimed that the hair on the back of his head knew more than all authors, that the clasps of his shoes were more learned than Galen or Avicenna." This is a good specimen of the boasting among Homœopathists. One of these secret stones is called "the angelical stone that can neither be felt *seen* or *weighed*, but it can be *tasted*. It will lodge in the fire of eternity without being prejudiced. It hath a divine power, celestial and invisible, &c." The same principle with Hahnemann's dynamic remedy, or Marcy's, or Hempel's potentized remedy.

In pursuing this subject, we have thought we could better show the bearing of Homœopathy on theology more fully by quoting a few extracts from a sermon delivered by one of the orthodox divines, a rector in the episcopal church at Wickware, England. The extracts are selected from the *Med. News*, Philadelphia, page 151; and Prof. Simpson's work on Homœopathy." Says the *Med. News*:

"He selected his text from the Gospel of St. Mathew. And as ye go, preach! saying the kingdom of heaven is at hand. Heal the sick, cleanse the lepers, raise the dead, cast out devils; freely ye have received, freely give" Ch. 10, 7 and 8. "Heal the sick and cleanse the lepers! *cleanse the lepers!* Why pick out disease at all from amongst the ills of man." Here referring to the Hahnemannic doctrine that *symptoms make up the totality of disease*. "And if so, why that particular one? Why not blindness, or madness, or stone, or dropsy, rheumatism or the gout? Here casting ridicule on a medical nosology" Here we learn that psora of Hahnemann and leprosy of St. Mathew are the same.

"At the fall of man, sin entered into the soul and disorder in the physical frame (with which that soul is connected) at the same moment. God sent his son to repair the mischief, and he bade the ministers to preach the gospel and heal the sick, that is, cure the moral and physical disorder together, and for 1900 years that *precious* wisdom had cried in the *streets* unheard! The preacher of the gospel not more than that Gospel could *never* have free course until the *physical* leprosy of man is cleansed and his *chronic tendencies* cured. has handed over to a separate profession the business with which his Lord entrusted him. And that profession is unconscious of its privileges and its duties. Its power has, so to speak, ignored the whole question. It leaves those mad whom it might have cured,

or it maddens men by large doses of powerful medicines, and then *wonders at the crimes and folly* that mark the career of man. Let us be assured brethren, that there is in the Gospel of Jesus a life, a power, a spirit, which is so much in harmony with man's happiness, and brings with it so much good, that if it had been understood by those who teach it, and had fair play, it would long ago have *altered the whole face of society*. But in *spite of Moses*, in *spite of Jesus*, in *spite of the law of nature*, alike deaf to God's voice and blind to facts, the medical profession has left the *leprosy of the flesh* to *entwine* itself with the *leprosy of the soul*. Between the two, *man's tendencies to sin* are increased, by disorder of his reason caused by the abominable working of his machinery; and the Gospel finds in whom God intended that all should be moral, but with whom it can only communicate by means of nerves in a chronic state of irritation, and a brain in *discordant* working, not a gentle convert, but a *hardened criminal*, a *perverse unbeliever*, furious fanatic, or an eccentric unreasonable lunatic. But old things are passed away, behold all things are new made unto us. Let us now see what the new system proposes to do for the *human race*." That is to say, let us see what Homœopathy can do to perfect the Christian system.

The next extract is an appeal to the pockets:

"Mothers! do you wish to see your children *washed clear* of that leprous tendency of disease (psora), which fills our grave-yards with sweet young flowers, cut off untimely, and which to those who survive, *transmits a legacy* of pain and sorrow? Then aid us. Fathers! do you wish to see your sons grow up faithful christians and sensible men, with normal allowance of health, able to use calmly the reason which God has given to man for his comfort here, far from all extravagance and all eccentricity, holding a course of life steady, reasonable, religious—such a course as man healed, God-fearing and intellectual, should hold? Then aid us."

"Governors of God's heritage, monarchs, parliaments, magistrates! There is a gloomy thunder cloud collecting on the horizon rolling its deep masses over the face of day, threatening, lurid, portentous; but no man knows exactly what. It is called socialism, communism, the rights of man, the rights of labor, red republic. It is earnest, dark, somber, avenging. It has been lashed by hunger, low wages, glaring inequality, wicked passions of *psoric origin*, [Ed. Itch miasm of Hahnemann) roused by alcohol and medicines, maddened by burning eloquence. It has no strain of gentleness in it. It is arrested by neither ridicule nor menace. There is *not one smile*, or one jest hidden beneath its fantastic twirls. The sword has cleft it, but it reunites more baleful. The cannon has poured its rain against it, but it rolls on as dense and red as ever. The priest has cursed it, society trembles to hear it, but there it hangs in the calm that precedes the earth-quake; baffled, but biding its time till the "hour come and the man" Shall teach you to draw the lightning quietly from it ere it bursts upon your throne and your altars, and piles all your institutions into one heap? Aid us."



"The *medicine of love* [Ed. Homœopathic remedy] has prepared the *soul for the gospel of love*. The seed of the word will soon strike root in such a soil, and bring forth much fruit; nor the fruit of thievery and crime afflicting folly and snarling religion that exists at present, but a wholesome crop of sensible actions and sound opinions, ripened by the steady rays of reason and religion, growing up thus amidst calm and sunshine, and love and harmony, induced by the *medicine of harmony*, the education of the young candidate for heaven commences. The first care of parents is by proper *dynamic medicines* (for medicines in a brute material state having a totally different action on the human organism, are perfectly useless, or rather injurious) to eradicate all those psoric tendencies which cause or increase all our aches, pains, its tempers, obstinacies, rebellions, cachexies, and all chronic diseases (as we see of body and mind). Life in the beginning does so long for harmony, that if thus gently aided, it soon overrules all discordant tendencies. The molecular attraction proceeds normally. The infant developes into a normal child of a normal type, in whom all tendencies to irregularity, whether of body or mind, growth or disposition, are much weakened and simplified. It has never been exacerbated by fanatic doses of powerful medicines, never been excited by poisonous diet, never been beaten into obstinacy, never irritated by quarrels of its elders, never been spoiled into selfishness, never indulged into evil tempers; continuing the physical education, and watching carefully the cries which life utters for assistance, in order to relieve her just where and when she wants aid—never by mere palliatives, but always by dynamic remedies, whose *energetic power, akin to life itself*, has been subtly awakened and called forth from the brute mass in which it lay slumbering, and, if well chosen, will by its unfailing *elective attraction* restore to life at the very spot, by the very nerve wherein it labors, the very *force* in which it is deficient—you commence the moral and religious training of the child: Plain, simple, easy and charming is *the good news of great joy*."

So much for the medicine of love.

Let us now hear what the preacher says of our system of rational medicine:

"There was once a marriage made in heaven, but you put asunder those whom God joined together in heaven when you separated the healing of the sick from the preaching of the Gospel, and made two professions out of that which Jesus made one; and therefore it is that the art of cure, separated from the holy principles of love, has lost its way and fallen into foul company, and consorted with all unlovable things, cathartics, moxa, the lancet, emetics and blisters." When the old system shall have quite vanished from the earth, and the new one (Homœopathy) shall be established, *then for the first time* will the Gospel of the kingdom of grace be preached as Jesus ordered it to be preached and received as God intended it to be received."

The day after (says Prof. Simpson) this sermon was preached, the managers and friends of the Hahnemann Hospital, and some of the principal Homœopathists of London, dined together, under the presidency of Lord Grosvenor, and at the dinner, Mr Everest's sermon was publicly declared to be a "great addition to *Homœopathic literature* of this country" (cheers). A few days afterwards, the editor of the *Homœopathic Times*, in a long laudatory review of Mr. Everest's sermon, observes: "His admirable discourse in respect of logic was faultless; sometimes grave in censure, sometimes severe in Christian simplicity, sometimes thrilling in pathos. In short, it was a great achievement. The discourse, we trust, will be distributed by tens of thousands." (*Homœopathic Times* for April 12th, 1857, p. 514.)

### UNLOVABLE THINGS.

We will now notice a matter referred to by our religious teacher, i. e. "unlovable things." It is quite common for Homœopathic writers to make themselves and their friends merry by quoting a list of remedies which were in use or recommended during the "dark ages," and at the time of the revival of letters, which were filthy, disgusting and ridiculous. Since that time, these have been thrown out of use as medicines; but they (Homœopaths) keep them up before the mind—it would seem for a double purpose—to bring odium on the regular school and to show something for an apology for themselves. Says Marcy in his reply to Hooker, p. 126:

"They (old school) may constitute a very appropriate medical jury to decide, respecting the merits of the 'volatile spirits and volatile salt of vipers, man's blood, urine, &c.; and the very extended and very diversified combination' of powders peculiar to allœopathy, like those of bull's tail, dried toads, adders, wolf's gut, crab's eyes, old hat, earth worms, man's scull, hog's lice, human flesh, human liver, &c., &c."

We will now give a list of remedies taken from Hempel's work on Homœopathic Materia Medica already noticed, and many of which, if not all, are found prescribed in Marcy's Practice (Homœopathic) as follows:

- The serous fluid from the belly of the living diadem spider.
- The triturations of the *crushed* large female spanish fly.
- The tincture of the lady's bag or lady cow crushed while living.
- The tincture of the red ant.
- The old beetle treated in the same manner as *crabs*.
- The tincture of the "common wood louse."
- The tincture of the "black spider."
- The virus from the poison bag of the lance headed viper (lachesis).
- The inky juice of the cuttle fish found in a bag in the abdomen (sepia).
- The virus of the skunk or pole cat and *crabs eyes*.



We will add from Jahr's work, viz: The toad, lizzard, cock chafer, these are brayed (alive), &c. Fresh water crabs are directed to be *pounded alive* in a mortar until reduced to a fine paste, &c. We will now add to these "unlovables" taken from Prof. Simpson's work on Homœopathy, its Tenets and Tendencies before noticed. P. 40 he says:

"A late discovery of Dr. Mure may perhaps greatly interest poor M. Everest and those who fancy that *psora*, or itch forms one of the great obstructions to spiritual conversion. Dr. Mure announces this discovery (see his *Pathogenesy*, pages 127 —141) with as he states "a feeling of satisfaction" (*le sentionens le satisfaction intime*) and a conviction that he renders by it "a real service to the practice and theory of medicine." This new and grand specific for *psora*, and *especially hereditary psora* (the very thing required) consists of Homœopathic doses of a species of animals, which observes Dr. Mure "it is unnecessary to describe at length, the animal being sufficiently known," namely the *human louse*, "*le pou sur tete des enfants*, or *pediculus capitalis*." Dr. Mure found that doses of lice or lice tea were capable of creating 283 different symptoms in the stomach, chest, bowels, &c., &c. "DOSES OF ANOTHER INSECT." Persons affected with the itch, have (it is well known to physicians) a small insect (the *acarus scabiei*) imbedded in their diseased skin in the vicinity of the eruptions. These small insects picked from the skins of patients affected with the itch, are, it appears, after triturated with sugar of milk, administered as an internal remedy in disorders on the principle of *similia*. (*Pharmaceutical Journal* for 1851, vol. 10, p. 382.) On the same principle, Dr. Herring, one of the distinguished American Homœopathists, recommends swallowing "bugs in the 30th" dilution for curing inflammation arising from bug bites. The exanthemata should be combatted in the same way; cholera patients should swallow the matters they ejected, potentized (or duly prepared). Yellow fever patients should be treated in like manner; the scales of scarlatina should be used as a prophylactic against that disease; and typhus patients should have milk sugar, laid on their skin to catch the typhus virus which was to be used as an anti-typhus remedy. Herring called this treatment by *similima*, not *æqualia*; and Hahnemann says the same. (*Chron. Krank.*, vol. 1, p. 185.) Leuchorrhœa was cured by potentized matter, &c., and the expectoration of consumption given to phthisical patients, see further details of isopathic remedies in a *sketch of the progressive development* of the Homœopathic system, in the *Journal of Homœopathy* for 1849, p. 337. Drs. Sietze, Schnappauf, Rummel and others, have lately treated patients laboring under small pox with doses of the matter of small pox and cow pox." (*Ibid* for 1851, p. 470 and 504.)

We will here give another quotation from Dr. Marcy's Practice, p. 108:

"What cared Hahnemann, what cared his disciples whether they use one or twenty drops of a tincture, or one grain of a twentieth

attenuation? Were twenty drops of a tincture or *twenty grains* of a *crude substance* more efficient in curing sickness than one drop or one grain of an attenuation? Is there any man who supposes that Hahnemann or his followers would not have administered them in this form in preference to any other?"

We would, in reply, say: No doubt, they would and *do even so*. But we think that 20 drops, or even one grain of any one of the catalogue of medicines we have here named, would be a hard dose for most persons unless thoroughly fanaticized. We are well aware that in this state of mind almost anything will be borne with. The regular practice is often accused of causing extreme suffering. 'Racked and tortured,' says Marcy, when addressing regular physicians in relation to the use of emetics. We would enquire what 20 drops of lice tincture or tea would do! or 20 grains of the crude lice substance?

We would here remark that we have become acquainted with cases in which death resulted from diseases, where there seemed to be as much pain as human nature could realize—so severe, that the patients importuned with the doctor (Homœopathist) and friends to put an end to their existence in any way possible and for days together, and these cases might have been made comfortable, so far as pain was concerned, under rational treatment. They were left to wear out their life in anguish and pain, until the king of terrors proved their best friend.

The patience, composure and complacency of their friends in regard to their practice while witnessing their pain and sufferings, reminds us of a description of suffering found in St. John's revelation, and the righteous looking on the spectacle are heard say to "alleluja."

Having, as we think, given an epitome of the Homœopathic system of theory and practice of medicine and its moral tendencies, by quotations from its "great teacher" and his disciples, and finally an abstract of a sermon in which we see the influence of the system in the Christian religious teacher, who fully imbibes the doctrines of Hahnemann, let us now contrast with this moral Homœopathic system, as we have seen advocated by Hahnemann and his satellites down to the minister of the Gospel, a few extracts from the writings of a few of our own teachers and writers on medicine.

We commence by giving a short extract from an address of Dr. Sam. Jackson, now one of the Professors in the Phil. Med. University. (Prof. Institutes of Med.) He says:

"The profession does not fully appreciate the greatness of its mission. By the practice of medicine, man approaches near to



divinity, physicians are "the hands of God," the instruments of his benevolence, through whose knowledge and skill he dispenses the means he has provided for the relief of suffering humanity. To convert it into a trade for the purpose by extortionate charges of heaping up riches for selfish ends, is a kind of profanation. There are higher rewards than wealth or power; and enjoyments *more pure* and exquisite than they can procure."

The next extract will be found in the *New Englander*, for 1853, published in New Haven, from the pen of Dr. Hooker, now a Professor in the Medical School of that city, as follows:

"The study of our bodies shows to us a mechanism which regarded as purely physical, is of the most remarkable contrivance; simple in its operations and wonderful in its results; as we explore it more, it ever furnishes new matter for devout thankfulness, and never ceases to draw out our admiration, as new discoveries unfold to us new views of its structure and operations. But then it is not a mere physical machine. These bodies are but the mortal vehicle of immortal essences. To these muscles and bones is chained the ethereal spirit, whose mandates borne along these nerves are expressed by these subject members." "The science of physiology, however, has other uses than the gratification of a very natural curiosity in regard to the nature and structure of our own bodies, and other bodies by which we are surrounded; its results have been applied to other and nobler uses—to the preservation of health, by showing the conditions demanded for the complete performance of all the functions necessary to life; a department of the science which, were it thoroughly taught as it ought to be, would very soon result in lengthening the average term of human life besides adding inestimably to the comfort and happiness of the race. And in the highest range of philosophical speculation, physiology has been found to furnish an argument for the existence of deity, more complete and unanswerable than that derived from any other of the physical sciences."

The following extracts may be found in a work entitled "Institutes of Medicine," by Dr. M. Paine, now Professor of *Materia Medica*, &c., in the Med. Department of the N. Y. University:

"In medicine, therefore, we must concern ourselves with something beside effects, we must understand the laws under which they take place, and as far as possible trace up the effects to the primary causes. This is always done in other sciences and in the arts. Why then should it be neglected in that science whose practical application relates to the highest welfare of man." "The human mind will have its theories upon all subjects; and the whole history of medicine is a perpetual exemplification that in no enquiries do theory and hypothesis abound so universally as in the healing art. This arises in part from the intricacies of the subject, but mostly so from the constitution of the mind itself. The Almighty designed it for theoretical conclusions and set us an example in those stupendous theories upon

which the universe, and all it contains, are founded. And what else are, or should be our enquiries and our theories than finding out and adopting those of which He is the author? What other theory in the natural world can there be than such as are instituted by the Almighty Being? And shall we hesitate to embrace and to act upon such theory? And yet it is one of the pretended improvements of the day to insist upon nothing but facts, and to denounce all principles in medicine, as if the *Almighty* had not *ordained principles* and *laws* as well as facts, which are *mere emanations from the former*. "I may also say that it is no small proof of a creator that the elements of all combinations which are generated by animals and plants, are derived from the *inorganic kingdom* which will be allowed to be *less productive than the organic*, and since especially, no *organic being* can generate any *elementary substance*, nor the elements unite of themselves into organic compounds, it follows that the *whole* was created by a *Being* of greater power. We can go no farther back than the elements of matter. There the atheist himself pauses in dismay. They proclaim a God, and reason submits to this limit of its powers. But since every thing in *nature* emanates from its fundamental constitution, I can have little doubt that we shall be gradually led to recognize the connection of philosophy with the works of its *author*, and to acknowledge that in all philosophy we are employed in *seeking* out the institutions which He *spoke* into existence, and in doing which we may derive much assistance from going beyond the immediate phenomenon, and thus also render philosophy and natural religion, and, of course, therefore *revelation* subservient to each other."

We will here remark that in the forgoing examination of the doctrines and tendencies of the two systems, rational medicine and Homœopathy, that the former is in perfect consonance with the principles and teachings of the Bible or Word of God, while that of the latter is not only a false system, but an insult offered to God and his truth, by giving up the Bible teachings, implying that the eternal spirit is not the "same yesterday, to-day and forever," and that this Hahnemann has discovered a better and wiser system, having for its foundation what high orthodoxy would term the rankest kind of infidelity, embracing materialism on the one hand and Swedenborgianism and German transcendentalism on the other. And we may assert that there is equally good reason to set aside St. Paul's theory and practice of theology, and adopt the above heresies of materialism and spiritualism, as there is to set aside his authority in respect to medicine, and the example of Luke as a physician. After all our examination and reasoning on this subject, some will gravely turn and say: still, Homœopathy does cure sometimes, and cases that have resisted all other remedies, then an ex-



ample is given of some obstinate and long protracted headache, or some other chronic form of nervous and kindred disease. It is in diseases of this kind, that Homœopathy has gained the most repute. The *modus operandi* is plain to the intelligent and candid observer. It is well known that the mind affects very much diseases of this kind, and sometimes very suddenly, through fear, anxiety, apprehension of sudden danger and other emotions, especially that of expectation of the return of a *habitual* or *periodical* disease, as in the case of nervous headache. It is in cases of this kind that the Homœopathists apparently effect such sudden and miraculous cures, in the opinions of the credulous and ignorant.

We remark that in these cases the remedy has simply induced a different state of mind, that is they expected and watched for a relief and a cure from their old and painful visitor. This opposite state of mind in a measure controls the nervous action, and relief in a measure is realized, though the patient is not cured; just enough relieved to give the patient a *fanatic hope*. Becoming medicine mad, their hope and expectation is kept alive by the repetition of the little *juggler pill*. In this way, the patient is often relieved on the general law of Hippocrates and of the Bible, that of “*contraria contrariis*, or an opposite state of mind; being kept under circumstances where the patient will be free from all disturbances of the senses, by quiet and dieting. This is the true solution to Homœopathic cures. But as has been proved in every case of the common periodical disease of ague and fever, the bequieted mind is not always sufficient for a cure. The Homœopathist is obliged to give large and crude doses of Quinine. This fact is forgotten or overlooked by many. So we often find not only silly old women, but gents, lawyers, divines, half educated or unprincipled M. D.’s with some very *benevolent ladies*, industrious with this little lie (pill) in their right hand, anxious to have it deposited in the hand or on the tongue of every friend, and sometimes foe, who happen to be sick within their reach, literally *stultifying* themselves as *rational beings*, rendering themselves unable to “hold fast the faith,” “sound doctrine,” and a “good (and enlightened) conscience.”

#### PROOF OF CURES BEING EFFECTED BY A CHEAT.

Says Prof. Simpson, p. 48, work before quoted: “We find that this peculiar credulity is not and has not been confined to the vulgar and illiterate. Such men as Lord Bacon, believed in charms and amulets; Roger Bacon was a believer in the universal elixir of life;

Hon. Boyle, philosopher, Codworth, philosopher, Valentine Greatrakes and Rev. J. Hamstead, astronomer royal, believed in the hand of the exorcist. Dr. Hartly, mathematician, published an octavo volume in favor of an alledged specific for gravel by Mr. Stevens. The British Parliament gave him £5,000 for the purchase of this fanciful specific." Then in p. 96 he says: "Prof. Trousseau states that a Parisian who determined upon making his fortune by medical charlatanry, secretly selected as his panacea *distilled water* as the most innocuous substance which he could use for his purpose. But he received so many attestations of the great potency of his medicine and of the wonderful cures which he had worked, that at last even he himself became convinced, and died in the belief of the universal efficacy of the waters of the Seine."

Dr. Routh informs us that he himself tried experimentally the effects of medical faith in some 50 or 60 cases, giving the patients naught but colored water.

"My plan (says he) was to employ three kinds of colored water—red, yellow and blue; to work on the imagination of my patients, describing this water to be a deadly poison, and having it labelled accordingly, giving express caution to keep the medicines from children, I invented a *series of symptoms* as likely to follow from 20 to 30 drops a dose. It is but right to state that in many cases the result was null, no effect appearing to have been produced. In some patients, however, *chiefly neuralgic* cases and weak minded individuals there was." "My colleague, Dr. Taylor, found colored water produce such distressing symptoms in a female, that he was obliged to omit it." (Fallacies of Homœopathy, p. 24.)

A few extracts taken from "Jennings Medical Reform" will be found interesting to this point. On pages 221 and 222 he gives the case of a female in which he says:

"The most distressing and alarming symptoms in her case were great prostration of strength and extreme irritability of the stomach, with constant tendency to vomit." He says he filled a phial with "spring water and directed four drops of aqua fontana to be given, once in four hours in a teaspoonful of water directly from the well (which also afforded good water), and that nothing else be suffered to enter the stomach till he should see the patient again, except water, which she might take as often as, and in any quantity she pleased. Called at evening, and in answer to the usual enquiry "How is the woman?" the reply was "comfortable, you have at last hit upon the right medicine. The drops are just the thing for her."

On page 223 he relates an account of his treatment of the Typhus fever which prevailed extensively, giving him a ride through a large district of country.

In this district (he says) "I met with every form and variety in which, after the successful termination of Mrs. F's case (just noticed in p. 222), I improved the treatment by testing the *no medicine*



*treatment*, and I had no cause to regret what some would call temerity, for not one of the many cases that were under my direction that season proved fatal, though a number to appearance went to the border of the grave and returned."

On p. 224 he says he used "a little wheat flour or starch for powders, some in a natural state, others variously colored; for pills, bread variously colored, with a little castile soap or something that would keep it of a right consistency for pilling; for drops, water in two or three little phials, some colored or some not. The pills and powders were often scented with some aromatic oil, and sometimes bittered a little to give them a medicinal appearance."

The Doctor's book gives a great number of cases, and some very dangerous, which were cured by the simple efforts of nature, with the aid of mental action. The Doctor's doctrine in his book, is that nature cures, and any other aid is rarely ever needed, and that any active remedial course is not necessary but rather injurious. It may be observed that the most of the diseases which he has reported, especially typhus fever, were of a character such that little treatment was needed, being of a specific character, like eruptive disease, as for ex. measles, they require a specific length of time for their cure.

We will now give a few extracts from the work entitled *Practical Superstition*, by F. H. Pettigrew (before noticed).

P. 88. *Cure for Headache*.—"A halter wherewith any one has been hanged if tied about the head, will cure the headache." Another. "Moss growing upon a human skull, if dried and powdered and taken as snuff, is no less efficacious." (Quoted from Grove.)

P. 23. *Cure for Ague and Fever*.—"Elias Ashmole, in his Diary, April 11, 1681, has entered: "I took early in the morning a good dose of elixir, and hung *three spiders* about my neck, and drove my ague away. Deo gratias!" Another cure p. 24. A charm was directed "to be said up chimney, by the eldest female of the family, on St. Agnes Eve. It ran thus:

Tremble and go!  
First day shiver and burn;  
Tremble and quake!  
Second day shiver and learn;  
Tremble and die!  
Third day never return."

P. 96. Another cure. "Serenus Samonicus affords us a classical remedy for quartan ague, by placing the fourth book of Homer's *Iliad* under the patient's head." Paracelsus, a Homœopath, in the germ recommends the coral to be worn about the necks of children as a remedy against fits, sorceries, charms and poisons. *Jaundice*.—"Seven or nine—it must be an odd number—cakes made of the newly emitted and warm urine of the patient with the ashes of ash wood, and buried for some days in a dunghill, will, according to Paracelsus, cure the Yellow Jaundice. This is called a cure by transplantation." (P. 103.)

*Cramp.*—The following (charm) is from Pepys' Diary :

Cramp be thou faintless,  
As our lady was sinless  
When she bare Jesus.

This author gives the account of a multitude of cases which were said to be cured by the Royal touch, especially the "king's evil" scrophulous swellings, that is by the King or Queen (as the case may be) laying the hand on the disease. The practice was said to be commenced with Edward the Confessor, while others contended that this honor was first conferred on Henry IV. of France. See pages 153 to 198.

We might fill a volume with facts from the history of the past to show that in every age there has been a class who believed in marvelous remedies for diseases of every kind. None that has appeared in the pages of history has been more false in theory and practice nor so much opposed to Christianity as the Homœopathic system. As we have seen, in the first place, it denies the existence of a recuperative power—a power inherent in all organic matter, so endowed by its Creator; and every observing person who has come to years of discretion, must have witnessed not only in the human race, but in animals, phenomena resulting from this power. Animals are sick, they fast and are quiet, and without any other aid get well. To ascribe this power to the work of man, is to cheat its Great Author of the honor due to him, as its Creator, and of that gratitude which is due to him, as the donor of this recuperative power.

In the foregoing review, we have seen that the Homœopathic remedy is a developed vital principle, either spiritual or having life. According to the theory of Homœopathy, it denies the Mosaic history of creation; and it conveys with its administration the idea of some hidden mysterious power, the same in kind with jugglery, witch craft or sorcery, &c., in direct opposition to the teaching of the Bible, as we shall further see. We must notice in respect to old school remedies for disease that they are used in decided, efficient and *appreciable doses*—a system that the juggler and sorcerer cannot take advantage of in cheating the public, while Homœopathic remedies for disease are used in extreme infinitesimal inappreciable doses, and carried to such an extent in succession or dilution, that it is beyond the power of human conception to comprehend the dose. Take for instance the 800th potency of one grain of sulphur, or one drop of laudanum, then one drop of this potency medicates 300 pills, and then for a dose, two pills or a sniff of them, and such for a dose of medicine!—a system adapted to jugglery and its kindred humbugs,



abhoered and forbidden by the God of the Bible, on which account we find instances of extreme condescension on the part of God, in manifestations of his almighty power, as we may justly suppose, in such cases as are recorded in the Bible, to prove in such instances, and to place it beyond a doubt that deception or fraud had not been practiced. For Ex. Take the account of Moses who was learned in all the Egyptian arts—jugglery no doubt among them, and which is supposed to have been then more perfectly practiced than at the present time. The account is recorded in Exod. 4, 6, 7 :

“And the Lord said furthermore unto him (Moses): put now thine hand into thy bosom. And he put his hand into his bosom; and when he took it out, behold his hand was leprous as snow.” “And he said put thine hand into thy bosom again. And he put his hand into his bosom again and plucked it out his bosom, and behold it was turned again as his other flesh.” V. 8. “And it shall come to pass if they (the Israelites) will not believe thee, neither hearken to the voice of the first sign (found in verses 3 and 4, when his rod “became a serpent”) that they will believe the voice of the latter.”

The first sign, the Egyptian “wise men,” sorcerers and magicians, as we see in Exod. 7, 11–12, were able to perform. The latter was a miracle that would convince the Jews that there was no imposition. Another instance we have in the account of Gideon’s want of faith, when addressed by voice of God, recorded in Judges 6, 37, as follows:

“And Gideon said unto God: If thou wilt save Israel by my hand as thou hast said.” “Behold I will put a fleece of wool in thy floor, and if the dew be on the fleece only, and it be dry on all the earth besides, then shall I know that thou shalt save Israel by my hand as thou hast said.” “And it was so; for he rose up early in the morrow and thrust the fleece together and wringed the dew out of the fleece, a bowl full of water” “And Gideon said unto God: Let not thine *anger* be *hot against me*, and I will speak but *this* once. *Let me prove* I pray but this once with the fleece: let it now be dry only upon the fleece, and upon all the ground let there be dew.” “And *God did so* that night, for it was dry upon the fleece only, and there was dew in all the ground.”

Then again we have another instance of this kind found in 2 Kings 10; 9, 10, in the case of King Hezekiah and the sun-dial.

It would seem that every necessary guard was used in the Bible to prevent deception, and is it unreasonable here to enquire what amount of zeal the church and its ministry exemplify before the world in this nineteenth century in matters of this kind? By consulting Deut. 18, 9–12, we shall learn what their duty is in relation to this subject. The passage reads as follows :

“There shall not be found among you any one that maketh his son, or his daughter to pass through the fire, or that useth *divinationer* or an *observer of times*, or an *enchanter*, or a *witch*,” “or a *charmer*, or a *consulter* with *familiar spirits*, or a *wizzard*, or a *necromancer*.” “For all that do *these things*, are an *abomination unto the Lord*.”

We believe that they who practice with “little spiritualized pills” may get out of this *bundle of abominations* by a hearty repentance and none other.

We have before called attention to the Homœopathic law of cure as being opposed to the Bible in spirit and letter, and as we think we have clearly shown that Homœopathy is a system adopted by ignorant, visionary or hypocritical practitioners, &c., and that their method of reasoning is opposed to the moral philosophy taught in all our theological schools and in our colleges. But some will say this Homœopathy is a little matter, and had better be let alone. How little, may be seen by consulting one of the most popular and widely circulated religious papers in our country. We refer to the *New York Independent*. In one of its issues, for May 25th, 1854, in an article under the head of “over sensitiveness,” they have given a reason why they review and “commend” to their readers good works on Homœopathy. It is they say, because it “may be fairly assumed” that from “one third to one half of our readers” are “Homœopaths.” And is it not fair to assume that the remainder of these readers and editors (if there be any chance for them) might be won over to Homœopathy? They certainly give no evidence that they regard principle as having anything to do with this subject. Let us here say that physicians are well aware of this great and prevailing truth, and if the old school are a selfish, unprincipled or ignorant class of men, to say the least, the best way for them to fill their pockets is to turn in with the Homœopathic jugglers. And we enquire why they do not all in a body follow an occasional straggler from their ranks and please many, if not all, the better and *most genteel* of society? Various reasons may be given, but in our examination of the Bible we are led to a belief in an overruling providence. When we see so many divines and professedly Christian laymen to say nothing of those, who make no pretensions to Christianity, supporting such an unchristian system, we believe the old schools are restrained for the best reasons, and we think that principle is at the base of the whole matter. Let us suppose that the medical profession with their schools should take this course. It would be death to orthodoxy. They must naturally adopt



the theory which is clearly infidel, and a practice equal to, if not worse than heathenish superstition and jugglery.

From the history of the medical profession, we are prepared to say that with all its sins—from the days of Hippocrates to the present time, it has done in its turn more than all the rest of the world to oppose and prevent the encroachments of spiritualism, witchcraft, spirit knockings, mesmerism and every species of jugglery and fanaticism. During the dark ages it lost its power. But even then we have instances where there were found those among them who denounced the ridiculous practices of the day. Still we may hear the remark by way of justification for their course: “Your old alloëopathic school is full of infidels; and this comes from the D. D.’s of our land with many who are not honored with this title. If these D. D.’s and Christian ministers believe all this, we ask why they have not in their pulpits (as it is their business to watch for souls) warned their friends against patronizing men and institutions where infidel teachers and authors are found? Whenever they speak out, then the facts will be shown, and it will be seen that whatever may be found offensive to good morals and truth, will be treated as theological teachers have done. For example. It is well known that in many colleges where Paley is used as text-book, that whenever they come in course to his chapter on moral virtue and on the Sabbath, they are passed over or laid aside, and their place supplied by other authors, or the opinion of the professor or tutor. And they may find a precedent in the past for taking this ground, by consulting Pettigrew’s *Med. Sup.*, p. 31.

“The Council of Laodicea, A. D. 366, wisely forbade the priesthood, the study and practice of enchantment, mathematics, astrology, and the binding of the soul by amulets.” He says “the ignorance and the cupidity of the monks caused the Lateran council, under the pontificate of Calistus II., A. D. 1123, to forbid the attendance of the priests and monks at the bed side of the sick, otherwise than as ministers of religion. Still, however, it was secretly followed, and Pope Innocent (II.) in a council at Rheims, A. D. 1131, enforced the decree prohibiting the monks frequenting schools of medicine, &c.” “And a Lateran council in A. D. 1139, threatened all who neglected orders with the severest penalties and suspension from the exercise of all ecclesiastical functions, denouncing such practices as a neglect of the sacred objects of their profession, in exchange for ungodly lucre.” “*Ordinis sui propositum nullatenus attendentes, pro detestanda pecunia sanitatem pollicentes.*” (Transl. “Not attending to the object of their order, promising health for filthy lucre.” Pettigrew.)

Still, we are accused of being divided among ourselves in regard to theory and sometimes in practice, as we have before said. This

difference does not make the regular system an unchristian and mystical system. All that the charge amounts to, is that it is not as yet a perfect system. May not the profession of medicine retort on these calumniators, considering the many broils and disruptions which are common among themselves. For illustration, we will quote from one of their quarterlies on this point. In the Presbyterian Quarterly for June 1853, p. 146, we find the following:

“There is an amount of party spirit and bitterness of feeling in controversy between churches and between members of the same church, that is exceedingly disgraceful to religion, and which shows that American extravagance like bad air has penetrated everywhere. The controversy between the two branches of the Presbyterian church, those between the high and low church parties in the Episcopal church, and the Northern and Southern divisions of the Methodist church are only examples of the extremes.”

As it appears from the Bible that God identifies himself both in the cause of disease and its cure, how long shall theologians and Christians continue mute, or what is worse, countenancing and aiding quack nostrums and infidel systems of theory and practice of medicine? We have no wish to speak disparagingly of the clergy, but rather honor and love them when they appear fully to receive the approbation of Holy writ: “How beautiful are the feet of them that preach the Gospel of peace, and bring glad tidings of good things.” As they have showed much zeal and learning in opposing the developement system and other kindred false systems, as taught by some late authors in geological science, why not be careful watching against the same teaching and practices (we add) in medical science. If we shall believe the N. Y. Independent, it would lead us to suppose that nearly or quite one half of the clergy were Homœopaths. Such has not been the writer’s observation. Still there are some who hold strongly, it is said, to this heathenish system of medicine. There are among these D. D.’s who not only guide the church, but act or have acted as moderators of the highest ecclesiastical bodies, and Professors of literary and theological institutions; have been learned in the *connection of cause and sequence*, as taught by Locke, Bacon, Brown, Stewart, Hamilton, Cousin and Mahan and others. With all this knowledge giving the right hand of fellowship to Homœopathy. We should like to see a defence of the philosophy as well as of the practice of Homœopathy by some of our American Homœopathic clergy for the purpose of learning if any new discoveries in its favor could be found in a theological point of view. For example, we would name men of a grade like



Rev. Wm. Adams, D. D., Rev. Thos. H. Skinner, D. D., or Rev. Steph. H. Tyng, D. D., or Henry W. Beecher, of New York and Brook'lyn, and Rev. and Prof. A. Mahan of Michigan. They might find, we think, an appropriate text in the clause from the wise man. "Doeth good like a medicine." These names are here given as it is understood they have proclivities strongly in that direction.

We are aware that a latitudinary principle has got into the church, in the progressive march of the 19th century, so that it is difficult to hold even a D. D. to a point that will conflict with his favorite system. Still we trust that there are many whose sentiments on Plenary Inspiration agree with Gaussen\* :—and of that class there is good hope that reason and truth will prevail. But we expect those who have sworn allegiance to Homœopathy, would sooner than give up this false but loved system, give up their orthodox doctrines in moral science and philosophy, and adopt the infidel (if it could not be blended with their own) system enforced by Hahnemann and his followers. We refer for example to the course which Prof. Bush has taken. But they will say, what shall we do with such facts as these—we give a few little pills and a cure is effected, and this is done again and again? How would an intelligent and true divine argue in such a case, if his own theological system should be met by objections in the same way, when effects were seen and could not be accounted for without contradicting well known and established truth as revealed in the scriptures? Before he would suffer the word of God to be blasphemed, we think he would say it was the work of a miracle or some principle unknown to him. He would never suffer the juggler and infidel to make capital out of such phenomena, but in the matter before us, they are not left in so much doubt. We will add an extract from the London Quaterly Review, Oct. 1853. A writer on a kindred subject in that Journal says:

"The study of human nature, physical, intellectual, moral and spiritual, is by far too much neglected in our educational arrangements." "And as the public is always more prone to run after the marvellous than even to walk towards what is rational." "Go where we would, we heard of the intimations which our friends had received from departed souls or of the agility of some sprightly table under the hands of dignitaries of the church, and (if report do not lie) of Privy counsellors and Cabinet ministers, to say nothing of the miscellaneous multitudes of all ranks among whom the farce of "turning

---

\* Gaussen on Plenary Inspiration.

the tables" was nightly repeated with astounding success." "The farce becomes *tragic* when we find *clergymen* of undoubted honesty *deluding themselves* into the belief that "satanic wonders and prophetic signs" are disclosed by the movements of their tables."

"This is in fact the most melancholy part of the whole affair; since they place themselves beyond the pale of any appeals to their reasoning faculty, and lead others into the same position. Such persons are no more to be argued with than an insane patient. They cannot assent to any proposition which they fancy to be in the least inconsistent with their prepossessions; and the *evidence* of their *feelings* is to them the *highest attainable* truth. It is not to those we address ourselves, Ephraim is joined, &c."

Every species of contempt has been cast upon the old school physician on account of his nauseating doses of medicines. Even the clergy are not free from these sneers (as may be seen by consulting the N. Y. Independent), as if the physician was guilty of abusing the confidence and well being of the sick.

Let us ask who made these medicines? and if a person is suffering from poison taken into the stomach, and it is necessary to remove it with a dose of Ipecac. (which all, even the hypocritical Homœopath is obliged to resort to), who is to blame? If a man is sick and it is necessary to give him a "bolus" or a "dose of salts and senna," where should the blame rest? Let the N. Y. Independent answer. After saying "We beg them not to pelt us either with bolus pills or with infinitesimal globules, nor to consume us with Thomsonian fires, or extinguish us with Hydropathic deluge." In the same number of that periodical we find in Prof. Park's address a general principle laid down that "order is heaven's first law, and some are and must be greater than the rest; but we think more of the distinctions made by God than of those made by votes, &c." This fling thrown out by the Independent is no new thing "under the sun," but we think if the writer had been fully sensible of his duty in relation to truth and order, as expressed by Prof. Park, he would not have jumbled up in one mass all the contradictory quack-systems of the day with the true one, as being alike and all to be reprobated. Does he not believe that God in ordering the affairs of this world has determined that sickness shall visit its inhabitants and that medicine shall be administered for the same? As a Christian writer or editor, what right has he to mingle error with truth? The writer's signature being the star (\*), and belonging to one of the three classes into which mankind has been facetiously divided by some D. D., he may shield himself under the garb of an outlaw among theologians. The practitioners of medicine are obliged to use such



medicines as God has given them, and what is true and singular, very few if any now in use are more offensive than articles in use as luxuries. Let us compare the luxury of tobacco with Ipecac. as a medicine, or the clear infusion of coffee in common use, with the infusion of Aloes or Peruvian bark, or onions with Assafoetida, or infusion of clear black tea with that of Senna. So much for consistency.

The effects of this visionary and false system of Homœopathy has, we believe, a most disastrous influence on the church of Christ. Show us a church, like people like priest, followers of Homœopathy. It needs not a "prophet or the son of a prophet" to predict that such a church, although it may be blessed with morality, yet such a revival as was known in the days of Johnathan Edwards it will never realize. The same effects under the same circumstances follow in the family circles.

Again, the prayer of faith for the sick is not offered in church. Invariably, at least, not a single exception has come to the knowledge of the writer, where the sick have been commended to the mercy of God through the church for the last ten years, but they have died. The promise found in James, chap. 5, has failed. We ask on what account? Infants die by scores in our cities. They are treated as if they were not of account sufficient to trouble the church with their suffering and sickness, or that God could not "show his wonders" through them if they should live.

It is easy to conceive that when a church is divided on this subject, their faith must be divided and opposed to each other—a neutralizing effect must follow, neither one or the other prevail in prayer on account of the system of treatment. God cannot be expected to bless a wrong system. At the same time it is not to be expected that he will destroy the recuperative law of our nature to show his displeasure to the sin of Homœopathy. He will no doubt visit the wrong doer in his appointed time. See Ex. 4, 24, 25, 26 and 2 Sam. 6, 1—10, 12, 13. Comp. 1 Chron. 15, 2, 25—29.

In the quotation from Exodus, we find a lesson for indulgent husbands and a proof of the long suffering and goodness of God, who had waited some 40 years. The following quotations are given to show the effect of ignorance in regard to God's will and law.

We were interested in a letter from Dr. Bradley of Siam, Missionary from the American Miss. Society. His letter was published in their organ, the American Missionary. He (Bradley) says the King of Siam and his people have given up their own system of practice, and are readily embracing under his instruction, the system

of Homœopathy, as if a real conversion was effected, when in reality all that is done is that heathenish and superstitious rites and ceremonies, amulets, &c., are given up for a little more refined, heathenish jugglery in the form of a *little pill*. But as we see by another Missionary of the same country, the religion of Jesus Christ they treat as they have done. Mr. Lane in a letter published in the American Missionary, Feb. 1855, after giving a description of the Jasper Image (given by the King himself), says that "His Majesty (the King of Siam) reveres and worships this Jasper Image." It is easy to see that the mildew of the Samaritan religion will blast the hopes of such of the friends of that mission, as are not found among the visionary ones.

Isa. 8, 19. "And when they shall say unto you seek unto them that have familiar spirits, and unto wizzards that peep and that mutter: should not a people seek unto their God? for the living to the dead." Isa. 47, 11—14.

V. 20. "To the law and to the testimony, if they speak not according to this word, it is because there is no light in them."

---

#### ARTICLE II.

*Clinical Remarks made by Z. Pitcher, M. D., in relation to the Case of Elias Hunt, of St. Mary's Hospital, involving a consideration of the curative effects of the Sulphate of Quinine, or alternative influence of Valvular Disease of the Heart, in Pulmonary Tuberculosis.*

GENTLEMEN:—You are already familiar with the pathography of this patient. But the extraordinary duration of his illness, the history of the changes which his symptoms have undergone, the questions that naturally arise in our mind, when we learn from that history the differences that have obtained in his pathological condition between the date of his admission and the present time, invest the case with so much interest, that I recall your attention to it now, not so much for the purpose of instructing you in the art of detecting the physical signs that mark the pathology, or of observing the rational symptoms which are quite as significant and expressive of morbid change, as to direct your minds to the character and the effect of the remedy, by which I suppose his symptoms to have been modified.



I look, as you will observe, rather to the therapeutics than to the pathology of this case. The latter field you have already explored under the guidance of my colleague, Professor Palmer.

It is now more than two years since Mr. Hunt became an inmate of this house, much of which time, the atmosphere of it, owing to the continued presence of typhoid fever, notwithstanding the attention given to cleanliness and ventilation, has been unfavorable to the recovery of persons affected with chronic disease. This remark is true of all establishments wherein such numbers are congregated together. It is an evil inseparable from community organizations.

At the time of his admission, Mr. H. had daily paroxysms of irritative fever, morning perspirations, cough, copious expectoration, consisting of the greyish discoid sputa characteristic of the softened or suppurative stage of tuberculous deposits, a shortened inspiration, frequent pulse, feeble voice and clavate fingers. Auscultation revealed the existence of excavations in both lungs, more distinctly so in the left, where I can yet, at times, detect the metallic tinkling of Laennec.

As no notes were taken of the case at the time of its admission, I cannot at this late period give more than a general view of his condition. I am confident that there was then no disease of the heart. Mr. Hunt is himself inclined to believe that he has rather gained than lost flesh during his residence in the hospital. I am of the same opinion, although we have now no means of verifying the correctness of it. His appearance has not materially changed since he came into the house. A non-professional observer I am sure could not point out any particular phenomenon, by which his appearance is marked at this moment that would not have been as readily noticed at the date of admission.

His present symptoms you know already; these I need not to recapitulate. It is sufficient for us now, with the purpose we have in view, to remark that there are at present unmistakable signs of valvular disease of the heart, associated with evidences of an improved condition of the lungs, as shown in the diminished expectoration, the subsidence of the febrile symptoms and the change in the physical signs, of which you have also made a record already.

To what causes then shall we impute the changes which have occurred in this man's condition, of the reality of which I think there remains no doubt?

You have learned what Rokitsansky says of the antagonism supposed to exist between valvular disease of the heart when becoming

the cause of venosity of the blood, and pulmonary tuberculosis, amounting to an incompatibility, if not an impossibility of their co-existence in the same subject.

Shall we then go so far in the application of his opinion in this case, as to assume that consumption has been arrested by the super-vention of cardiac disease, or may we suppose that the altered condition of his lungs, which on the testimony of the physical phenomena we learn have been greatly improved, can be ascribed to a more invigorating regimen and the systematic medication which has been persisted in unremittingly for more than two years?

The remedy so long and continuously employed was the sulphate of Quinine, and that at the rate of iv gr. per day. One reason for our assiduity in the use of it was the application of the patient for its renewal, if by inadvertence it was omitted for a single day. No other curative agent was employed with any regularity. Occasionally a cough mixture was prescribed, when that symptom was more than ordinarily troublesome, and at longer intervals a laxative pill, to obviate a tendency to constipation, to which he was sometimes liable.

This persistent and protracted use of Quinine was kept up under a belief that this article by its influence over the vital power, through the influence of the nervous tissue, gives to the living organism ability to react against or resist morbid influences, to remove from the pulmonary as from all other structures, by a movement given to their molecules, any materials that may be deposited therein, whether euplastic or aplastic, unless of such malignity as to be destructive to contiguous or surrounding tissues, or so invested with adventitious fasciæ as to become inaccessible to the instruments of absorption. Thus placing itself by its therapeutic powers not only among the tonics, but in alliance with the subdivision of spanæmics, by producing analogous results with them without causing, as they do, disintegration of the structures on which its force is expended.

However the process may be explained whether on the supposition that it enters the circulation and as an hæmatic, affects the blood, or as a neurotic expends its force upon the nerves of organic life or excito-secretion, there is no doubt of the fact that it in some way accelerates the action of certain of the elementary tissues, as in the skin exciting sudoresis, in the bronchial membrane producing a copious expectoration when the obstruction is congestive, in the genitalia of the female acting under analogous conditions as an emmenagogue. It also puts a limit to certain forms of phlegmonous inflammation, checks the effusions resulting from inflammatory action



and promotes their reabsorption whether deposited in cavities or into the areolar tissues, when they have taken place.

Whether these processes have been attended by correlated changes in the excretions in the cases we shall point out, we do not pretend to say, as no observations were instituted with a view to obtain such results. Our prescriptions were empirical, having been regulated by the impressions made upon the nervous system and the changes taking place in the physical signs, and more especially in the rational symptoms attendant upon the individual cases.

You have been witnesses of the effects produced by this article in the removal by its instrumentality of obstinate and extensive cases of eczema, under circumstances that removed all doubt of its agency. You have seen it arrest the progress of inflammation in cases of erysipelatous orchitis, and have taken notes of the changes produced by it in the lungs, both of Mr. Duyer and Mrs. Collier, where consolidations had taken place in the progress of typhoid fever. You have had an evidence of its efficacy in assisting to restore the lost power of the nerves of motion in Richard Ganon, a sufferer from paraplegia, who was kept under its influence six consecutive months; in the recovery of several patients from obstinate ophthalmia, where the attendant pain seemed to be seated in the ophthalmic branch of the fifth pair of nerves, and in the rapid diminution of the size of the spleen in the case of the elder Hunt.

These instances are referred to as having more interest for you than others I could mention, an account of your own relation to them, and as possessing some value as keys to the *modus operandi* of Quinine in the case of Mr. Hunt. The remarks of Rokitansky, a name of paramount authority, have been so recently placed within the reach of the American student, that I will here repeat what he says on the relation to tubercle of *venosity* and *cyanosis*, as resulting from mechanical hindrance at the centre of the organs of circulation and respiration. (See Vols. 1 and 2, page 239.)

"The first place is due to the fact confirmed by daily experience and convenient as a starting point for the ensuing considerations; namely that persons laboring under enlargement (dilatation, hypertrophy and their complications) of the heart, whether primary or superinduced by mechanical obstruction at its orifices, do *not* contract tuberculosis."

"Nor does tuberculosis co-exist with congenital vices of formation in the heart or the great arterial trunks (absence, insufficiency, coarctation of either, persistence of the ductus arteriosus, &c., &c.) which,

with their complications, result in *venosity* and cyanosis, and, as the anatomical measure of their significance, in augmented volume of the heart."

These opinions have within so short a period become professional property in this country, that time has not afforded the opportunities for verifying the correctness of the conclusions drawn from the anatomical researches of this learned and indefatigable investigator. Our right to question the infallibility of his judgment is derived from the fact that he is not a practitioner, and from our belief in the necessity that there exists for the coincidence of observation and research, in order to the establishment of irreversible opinions in medical matters.

That he did not find obstructive disease of the heart and pulmonary tuberculosis co-existing, is not a proof that the presence of one prevented the development of the other, so much as it established a fact, recognized independently of the revelations of the scalpel, that the predispositions to these two forms of disease are constitutional incompatibilities, rarely found blended in the same individual. That form of constitution and that state of digestion which lay the foundation for arthritic and cardiac concretions, and that physiological condition which furnishes the nidus and the pabulum for tubercle, are not often met with in the same subject. An obvious anatomical disturbance of the nervous system would produce in these two constitutions very dissimilar results, whether manifested by morbid action in the solids or dyscrasies in the blood. In the one case, we might simply have a deposit of lithates in the urine, and in the other a fibrinous exudate into the bronchial membrane laying the foundation for pulmonary consumption.

The rheumatic or arthritic and scrofulous or tuberculous diatheses do sometimes show themselves in the same person of which we had an example in a young man by the name of Gott, of English birth, who left the hospital in June last, expecting to die among his friends in the country, whither he was advised to go. He had large excavations in both lungs, and yet the progress of the consumption was very slow in his case, not from any tendency to venosity of blood, but from his extraordinary capacity to take nourishment, which however was not so perfectly assimilated as to prevent the development of rheumatism or gout, of which he had different attacks during his residence in hospital.

In the few remarks I have made upon the action of Quinine, I do not intend to be understood as ignoring the chemical doctrines of the



day, or denying the existence of diseases of the blood, but desire to keep in view the paramount influence of the nervous tissue, in resisting the action of causes which conspire to the establishment of morbid processes, and by and through which curative and morbid impressions are made both upon the solids and fluids of the body.

Having in the remark just made intimated that the fluids even may be morbidly impressed, and their qualities affected independently of agencies that can be detected by the microscope or chemical reagents, let me here state a fact, (of which my colleague has some knowledge), which, in despite of any present means of exhibiting the fallacy of such a conclusion, goes to prove that morbid qualities may be communicated to the milk of a nursing mother through her own organism, so that it shall act as a poison to her offspring, whilst the milk itself contains all the elements of a healthy fluid in normal proportions as stated by an accomplished chemist, and a microscopic expert, by whom the fluid was examined.

Mrs. C. was confined, giving birth to a well developed child on the 22d of February last. From the moment she commenced nursing it, the child began to be uneasy. Diarrhœa soon supervened, the evacuations consisting of acidified and undigested milk. After a few days, vomiting set in, when the infant emaciated so rapidly that the mother was advised to take it from the breast, and put it upon the use of farinaceous food, on the supposition that the milk contained some appreciable morbid element. The advice was followed, and a quantity of the milk sent to Professors Douglass and Ford, for analysis and examination. These gentlemen, one of whom submitted it to microscopic and the other to chemical tests, concurred in stating that it contained no morbid material and was wanting in none of its normal constituents. Then in order to ascertain whether the child might not present one of those rare cases where from constitutional idiosyncrasy there was an inability to digest milk, the parents were advised to procure a wet nurse whose own infant was in good condition. From the time this was done, the babe grew rapidly and is now in fine health.

Other thoughts arise out of this case, which we cannot discuss fully, but which we allude to now, because of their relation to another subject which has formerly occupied the professional attention more than at present, but to which it is by no means indifferent at the present time. I mean the connection subsisting between the hepatic diseases occasioned by malaria, and pulmonary consumption. The known connection between the state of the liver and obstructive dis-

ease of the heart naturally suggests to the mind one explanation of its mode of action in preserving the lungs from disease when subject to engorgements by the influence of malaria, the preservative effect, being due rather to the remedies employed for the cure of the hepatic obstruction than to the vicarious action of the organ itself, as may be seen from the following example.

My friend J. S. B., of whose health I have had professional supervision for several years, had pneumonia in early life and more recently attacks of hæmorrhage from the lungs, the symptoms attending the attacks being as follows.

In June 1856, he called at my residence, complaining of a sense of constriction in the chest which impeded respiration, and at the same time of a sensation in the forehead, which he so described as to identify it with the pain complained of by those who have respired carbonic acid gas. His skin had a dusky look, the pulse was slower than natural, the urinary secretion scanty and high colored, and the bowels rather confined. No cough. As he was two miles from home, I postponed the venesection which seemed to be necessary, and gave him a pill containing equal parts of *Ex. of Hyosciamus*, *Sulph. Quinine*, *Pill. Hydrarg.* and *Gum Aloes*, expecting to see him at a certain hour if the pill by its cholagogue effect, had not relieved the sense of oppression in the chest. Before the cathartic had had time to act, hæmorrhage took place. The blood thus lost was black. Venesection arrested the hæmorrhage, and as soon as the liver was affected by the alterative, as shown by black dejections, all uneasy symptoms both in the head and chest disappeared.

What makes this case instructive and justifies the inferences I have drawn in relation to the influence of the liver over the pulmonary circulation, and illustrates the mode in which relief is obtained by the lungs from morbid processes set up in them, both by sympathetic and vicarious action, is the fact that twice within the time above alluded to, by taking notice of the warning given by the premonitory symptoms and repeating the cholagogue, the same antecedents that ushered in the hæmorrhage have been removed and the recurrence of that event obviated.

It is well known that the liver and the kidneys have for their office to prevent the accumulation in the blood, of materials taken in as food, and for which there is no present demand to supply corporeal necessities. The liver becoming especially the channel for the elimination of the superfluous non-azotized matter, the presence of which would prove embarrassing to the lungs.



This process of filtering the blood may be so conducted by the liver in cases of obstructive disease of the heart, as to become the means of preventing deposits of a certain character in the lungs, and possibly of assisting in their removal when once they have been formed.

This is not, however, in accordance with the judgement I have formed in view of the facts in the present case.

One of the consequences resulting from the discovery of the circulation of the blood by Harvey, was the too entire abandonment of the chemical or humoral pathology of his immediate predecessors and the application of the principles of hydraulics to the explanation of the phenomena of disease, so that irregularities and interruptions in the *motion* of the fluids came to have a larger share in their production than the quality or condition of them. At this time, we seem to be drifting to the opposite extreme, the chemistry of the day, splendid in its achievements, causing us to ignore both the agency of the nervous system and the influence of the elements of natural philosophy, all ruled by, and subordinated to the laws of vitality, as should be the principles of chemistry applied in the interpretation of physiological or pathological phenomena.

I would warn you against the adoption of either of these extremes—be eclectics in a legitimate and not a pharasaical sense of the word—pursue the scheme of studying medicine adopted by the sagacious Sydenham, who became an Empiric, by making observation and experience the basis of his system, the facts of which were cemented together by his theoretical opinions.

---

### ARTICLE III.

#### *On the Use of Antimonii et Potassæ Tartarizatum in Hyperæmic Hysteria.*

Of all the vagaries of abnormal functions, there are none exceeding hysteria in multitude of forms or perplexity of treatment under some circumstances which present themselves to the physician. What a perfect wind-mill a practitioner of Homœopathy must make of himself in trying to follow up an acute attack with “*similia*, &c. ! Here should be given a “*pillett*” of cannabis, because its intoxication occasionally produces jovial mania : in another breath opium, because its inebriation is of a more sedate kind.

But before it could be swallowed, Nux is demanded, because it sometimes develops the "sardonic grin." Now hurry up the dose of Belladonna for the pupils are dilated; then hurry down Aconita as a "similia" for myosis. Hydrocyanic Acid is demanded to counterfeit the opisthotonos, and a punch in the sole of the foot with a rusty nail would do to drive out the "bogus" trismus.

In many instances it would be as easy to induce the patient to submit to the latter operation as to swallow anything which appeared like medicine.

The form of hysteria to which we would give our present attention, most usually occurs in sanguino-nervous or nervo-bilious temperaments, in early life, with good assimilative organs and costive habit. The development of this class of individuals being of high order, with cerebro-spinal organism strongly preponderating; it is not unusual for excessive psychical, or physical application to stimulate erethetic phenomena. The influence of venesection, which would often seem to be indicated by the clonic spasm, suffused countenance, quick and often full or perhaps momentarily tense pulse; is often contra-indicated by the knowledge of the general condition of the patient, in whom a few hours may suffice without evacuation, to banish every abnormal sign.

Powerful narcotics, anti-spasmodics and anodynes may be poured into the stomach with profusion, if the patient will deign to swallow them—to very little purpose.

Every medical reader has either witnessed the protean signs of this malady; or may study it in text-books where elaborate description is more appropriate than in the pages of a "monthly."

The pathological condition is far different from that pertaining in anæmic persons, of irritable nervous temperaments; in which class, narcotics and anodynes are more clearly indicated. We believe that scarcely another article of the *materia medica* possesses so many of the properties required, and goes so little beyond the indications, as *Antimonii et Potassæ Tartarizatum*," and we know of none of efficiency that is so easily administered to a refractory or jealous patient. In no disease is a sedative more indicated, and few articles control circulation with more uniformity.

Its diuretic influence is a most beautiful imitation of nature's own method of terminating the paroxysms. Elevation of the temperature of the room, or increased clothing render it charmingly diaphoretic: and its persistent use develops alterative action. Emesis and its concomitant condition, when produced by it, depurates the chylous



poietic, and their assistant viscera, whose derangements are occasionally remote causes of the attacks. The impressions which any sensible dose produces, are "*a dominant idea*" not easily shaken off. Administered with small amounts of fluid, reliable quantities will be tolerated by most stomachs, which we have found less sensitive usually than in health, and "tolerance" is augmented by small doses of opium and its preparations.

A few cases may illustrate its influence and advantages more clearly than lengthy arguments.

CASE 1.—A woman aged twenty years, who had been married three years and had borne one child; of sanguino-nervous temperament, generally healthy, and complaining of no uterine derangement, commenced having hysterical convulsions, which lasted about thirty-six hours. The muscular contractions were violent, and attended by the usual amount of abnormal mental phenomena. When this subsided, an interval of six weeks occurred which was broken up by a still more furious attack, which was said to have been excited by a slight domestic disturbance.

Four weeks brought a third paroxysm, which had continued sixteen hours when the writer was called. The excitement was intense throughout; arteries throbbing visibly in every exposed position; senses sharpened by the acuteness of phrenzied organs; violent muscular contortions, sometimes controlled by abnormal volition, and anon, overpowering volition and sensation; now berating her husband and other attendants in a most insane manner, and then weeping over her sorrows, or the want of sympathy, or laughing immoderately at a ludicrous imagination. If medicine or drink, which did not just suit the conception of the moment, were offered, her teeth were shut upon the offending spoon or vessel, so as to crush the implement, or damage the teeth. Crockery was dainty chewing for her.

This was before the halcyon days of chloroform and stratagem, our chief recourse. Her wildest rage found vent, on our trying to examine pulse, tongue or any other suggestive sign, and as soon as our business was suspected, she was intent upon thwarting every move we directed.

Pretending to take a final leave, we dealt about eight grains of Ant. et Potass. Tart., and getting it dissolved in three gills of cold water, got an attendant to treat her to it, as if just from the well. She drank a little more than half of the solution, and immediately resumed her muscular agitation in which opisthotonos was continued

for about fifteen minutes. When this had subsided, a few notes of tolerable singing and then a regular "blowing up" of the attendant who wished her to "swill down" more water, were followed by a few moments quietness, as if meditating upon the state of affairs. Suddenly she exclaimed: "Oh dear, how sick!" She was willing now that the attendants should arrange the bed for her comfort, and in ten or fifteen minutes was asleep. The sleep lasted but ten minutes, but she waked rational; complained of nausea and soon slept again.

No other remedy was given. No vomiting ensued, but catharsis and diuresis were free for several hours. Six months after, there had been no return of the disease.

CASE 2.—L. B., a girl of bilio-nervous temperament, usually a "small eater," but inclined to plethora, had exhibited remarkable perversity of temper at times from early life, began at twelve years of age to suffer attacks of epileptiform hysteria. There occurred usually between 5 and 9 o'clock P. M. the first symptom, being a vacant stare, then starting to run, but seldom getting but a few feet before falling, then up and off again. Next came pulling of the hair, alternate laughing and crying with a termination in uneasy sleep towards morning, or sometimes in most beautiful plaintive singing, in which she was by no means a scholar when sane. As she advanced towards adult age, the paroxysms became more markedly hysterical. Arterial action was less forcible, and venesection less indicated than formerly. Menstruation was irregular, but not unusually painful, and did not seem to influence the attacks. Undue excitement, physical or mental, was usually followed by attacks, not because of inability to bear ordinary degrees of either, but because of excessive exertions to which her natural ambition would lead her. Constipation was more marked than any other pathognomonic which came to our ken. Being usually good to take medicine if adroitly administered, she would swallow enormous doses of anodynes and soporifics without effect. Venesection would quiet muscular action, but mild delirium would continue several hours, and languor and debility on the succeeding day would indicate that the vital fluid had not been well spared. Frequent trials of Ant. et Potass. Tart. in doses of from iv to vi grs. convinced us that its effect alone was more certain than any other remedy. It was sooner felt (chloroform was never tried), and a decided impression was more likely to prevent a return on succeeding nights than venesection alone. She usually complained of nausea, but it seldom produced emesis unless combined with "ipecac.," and such combination and effect was no improvement on its inde-



pendent action. Indigestible ingesta were seldom found operating upon the functions. Since maturity and marriage, we have lost sight of the case, but have learned of occasional attacks. She has borne one child.


CASE 3.—Called in the evening of May 31st, 1856, at the house of S. B., to see a girl of 17 or 18 years of age in severe hysterical convulsions, which were said to have continued two or three hours. The house was well filled with anxious or curious visitors, and two or three men holding the patient with as much energy as if she had hydrophobia. A disconcerted Homœopath was in attendance and answered indirectly our question: "What has been given?"

Three grains of Ant. et Potass. Tart. were dissolved in water and taken at a draught. Clearing the room of all but two girls about her own age, we seated ourself upon the side of the bed, giving her full play with her hands, except to keep them from her hair and mouth. The same remedy, gr. ss, was again given with Morph. Sulph., gr.  $\frac{1}{8}$ , in thirteen minutes. In about fifteen minutes after taking which, she exclaimed: "I shall vomit," was perfectly rational and was left with one or two girls who were forbidden to talk. She soon went to sleep without vomiting, and had no return of hysterical paroxysms. In the afternoon of the next day, there was evident spinal congestion, and mild intermittent fever required attention until June 5th. She had menstruated normally about a week before this attack.

The foregoing cases indicate the manner in which it has operated in our hands, in some of the common forms of this affection. We might multiply examples in which its influence in combination with other remedies had assisted in subduing complications, but their practical value would not exceed the natural suggestion of the medical practitioner. It is more permanent than anæsthetics in its impressions, is much more certain than the cold dash, less severe than a cold bath, and neither fastidious eyes or taste are liable to detect its solution, if ingeniously brought forward, which with other advantages heretofore mentioned have placed it so high in our estimation, that we trust a fair trial will render no excuse necessary on our part for calling attention to it in a rather verbose communication.

J. H. BEECH, M. D.

---

 Glycerin and Wood Soot have been successfully used in an aggravated chronic case of eczema.

## ARTICLE IV.

*Empyema accompanying Phthisis Pulmonalis.*

Sept. 19th, 1856.—Was called to see Mr. E., aged twenty years. Found him very much emaciated, pulse full, frequent (120) and soft, skin cool and moist, and complaining of severe pain throughout the entire region assigned to the upper lobe of the left lung, and at the same time referring to the posterior border or base of the scapula as the seat of the greatest intensity. Careful inspection revealed no disproportion in the relative size of the two lateral halves of the chest. A careful inquiry into the history of the case elicited the fact that he had had confirmed phthisis, with all of the accompanying symptoms, for more than two years, and been treated for the greater part of the time for the same. Had expectorated enormous quantities at times, very little of late. Auscultation and percussion revealed extensive *cavities* in his lungs, but at that time afforded no evidence of either hydrothorax or empyema. The severity of the pain was ascribed to pleuritic complication, and the patient put upon tonics and anodynes.

Oct. 27th.—Was summoned in great haste to the bedside of Mr. E.; found him laboring under great dyspnœa. So short and hurried, indeed, were the efforts at respiration, that his friends considered him dying. The left half of his chest was *enormously* distended, so much so, that not only were the intercostal spaces rendered greatly convex, but also the general contour of the side, from the crest of the ilium to the axilla. The seat of the greatest impulse of the heart was at the right border of the sternum. In the region of the sixth and seventh ribs and the intercostal space between, at about the union of the anterior with their middle thirds, was a fluctuating tumor. This tumor was firm during expiration and soft during inspiration, showing that its cavity communicated with the cavity of the thorax. In short, there was abundant evidence of extensive *empyema* with a tendency to *point* between the sixth and seventh ribs. Pulse 130, full and soft. *Thoracocentesis* was followed by a free flow of laudable pus, which was allowed to continue until twenty fluid ounces had been discharged.

Oct. 28th, 10 A. M.—Found patient with pulse 120 and soft. Evacuated about twenty-four fluid ounces of laudable pus, when, the patient complaining of faintness and other disagreeable sensations, the discharge was stopped and retained by a compress and bandage.

Oct. 29th, 10½ A. M.—Found patient with pulse 108. Evacuated about twenty fluid ounces of pus. Respiration free and regular.



Oct. 30th, 10 A. M.—Found Mr. E. very restless, having slept little or none during the night, respiration very much oppressed, (short and hurried,) pulse 120 and feeble. Removed the bandage and compress, and allowed thirty fluid ounces of laudable pus to escape, when a flagging of the pulse, faintness and a terrific *gurgling* in the chest on an attempt to cough warned me to desist. Discharge stopped as before. Half an hour afterwards I left the patient breathing freely and regularly. Pulse 108.

Oct. 31st, 11 A. M.—Patient somewhat feebler, pulse 116. Pus had discharged spontaneously during the night; amount variously estimated at from a *pint* to a *quart*. Respiration considerably embarrassed at times by the presence of fluid (pus) in the air passages.

Nov. 1st.—Patient evidently much weaker than on the day before. Pulse variable, from 90 to 120. Diffusible stimuli were administered and frequently repeated.\* Drew fourteen fluid ounces of pus.

Nov. 2d.—Patient about the same as on the day before. About three fluid ounces of pus was all that could be caused to flow.

Nov. 3d.—Patient really appeared stronger. Pulse about 100, full and strong. A slight discharge still continued from his side.

Nov. 5th.—Patient much the same as on the 3d.

Nov. 8th.—Patient appeared to be improving. Discharge continued to the amount of several ounces per day. Œdema of lower extremities.

Nov. 11th.—Patient evidently gaining strength. Appetite good. Discharge continues, though somewhat changed in character, being serous or sero-purulent.

Nov. 14th.—Patient about the same as on the 11th. Made a thorough examination of his chest. The heart had nearly resumed its natural position. Percussion elicited a very slight degree of resonance from the second intercostal space. Distinct *pectoriloquy* and (when perfectly quiet) *metallic tinkling* were both clearly discernable about two inches below the inferior angle of the scapula. Right lung quite extensively diseased also.

Nov. 18th.—Patient gaining strength slowly. Discharge from his side slight and almost pure serum. Œdema of lower extremities considerably less. Appetite good.

Nov. 27th.—Pulse 120. Strength and appetite failing. For a few days preceding his side had been discharging laudable pus to the amount of several ounces per day.

---

\* It is hardly necessary to add that the medicinal agents, both previously and subsequently administered, were of a strongly supporting nature.

Dec. 12th.—Strength and appetite of patient constantly failing. Side had continued to discharge several ounces per day, and for the last three days reported to have discharged a *pint* per day.

Thus the patient remained, the feeble efforts of nature at times rallying but to relapse into a state of greater prostration, until March 25th, 1857, when death ended his sufferings. I being absent at the time, no *autopsia cadaverica* was held.

The tenaciousness of vitality, the greatness of the purulent accumulation and its relation to phthisis pulmonalis are the points of interest in this case. Empyema (resulting from pleuritis) is certainly not very unusual, but we have yet to learn that it is commonly associated with phthisis pulmonalis. It will be observed that on an average there were about twenty fluid ounces of laudable pus per day evacuated from his side, for the period of seven days.

STOCKBRIDGE, August 5th, 1857.

G. E. CORBIN, M. D.

---

#### ARTICLE V.

#### *Observations on the peculiar circulation in the Alar Membrane of the Bat.*

To witness the peculiarity of the venous circulation in the wing of the bat, as announced by Wharton Jones in the Proceedings of the Royal Society, the writer availed himself of an opportunity of examining the phenomenon in one of our most common species, the *Vespertilio subulatus*. As the original description was not at hand, and the brief notices of the discovery in Todd and Bowman, and Kirkes Physiology furnish no indications of the order of vessels in which the venous contractions occurred, the examination was commenced by observing the smallest order of veins and arteries as well as the capillaries of the interdigital membrane. In neither of these vessels was the slightest contraction or variation of calibre observed. But in this order of veins and in the capillaries, distinct, but not equable oscillations of the blood current were seen, the forward movement being about twice as long as the retrograde flow. Sometimes, however, the oscillatory movement was very nearly equable, each occupying two or three seconds. In a few instances, a similar but very slight movement was observed in the smallest arteries also. The further observation of the veins of larger size failed at this time to discover any rythmical contractions in them; at a subsequent ex-



amination of another bat of the same species, the phenomenon sought for was readily discovered. The rythmical contractions were found to occur in an order of veins intermediate between those in which the oscillation took place, and those of the largest size which ran parallel with the proximate phalanges. It was less distinctly wave-like than in the lateral and dorsal vessels of the Lumbricini, Hirudinei or Centipedes, the contractions occurring almost simultaneously over considerable spaces. It was also quite unlike the somewhat rapid vermicular movement of the alimentary canal of the Lumbricini. The frequency of the contractions varied from 16 to 20 times per minute. About two lines from the junction with the larger vessel, a pair of valves were seen in efficient action, interrupting the reflux from that vein. It was now seen that the oscillations previously noticed in the smaller veins were due to the contractions of these vessels; the extent and character of the movements itself furnishing proof at once of the absence of valves in the smallest veins and of the mechanical nature of the capillary circulation. This phenomenon is quite analogous to the rythmical contractions of the intra-pericardial cavæ and pulmonary veins of the amphibians; and, as according to Heulé, McDowel and others, the trunks of the venæ cavæ and pulmonary veins of the vertebrata are furnished with striated muscular fibre, continuous with those of the auricles, analogy would point to the conclusion, in the absence of positive evidence to the contrary, that the rythmical movement in the present instance was due to the presence of the same form of muscular tissue.

It has indeed recently been stated by Schiff that the rythmical motion in the arteries of the hare's ear was caused by action of non-striated muscular fibre, but whether this statement is based upon the evidence of direct microscopic inspection, or is merely an inference from the known histological structure of arteries in general, does not appear; if the former, it is a mode of action which, though common in the invertebrata in similar structures, has not hitherto been recognized as occurring the vertebrated series. Apart from the consideration of the nature of the structure involved in this action, the final cause of the introduction of this accessory heart in this situation will probably be found to be the absence of muscular pressure which so greatly facilitates in most other parts of the body, the returning current towards the heart. The direct anastomoses said to have been observed by Prof. Paget; between the uterus and veins was not detected, although no special search was made to discover it.

## ARTICLE VI.

*From our Chicago Correspondent.*

The matters of the City Hospital remain in an unsettled state. Nothing new has transpired since my last communication worth speaking of. The Hospital has not been opened for patients, and of course, nobody does duty in it in any medical capacity.

The health of the city remains good. The diseases are the usual mixture of fevers, simple inflammations, &c.

Prof. Johnson has lately performed the operation of perforation for ununited fracture of the femur. The case was a simple and very oblique fracture in the middle third of the shaft, the upper fragment being driven downward among the fibres of the vastus externus muscle, so that the point was subcutaneous. The fibres of the muscle either clung around the fragment, or in some other way were so entangled that the attending surgeon, Dr. Andrews, found it impossible by any manipulation or force which he could use, to produce a perfect coaptation of the broken surfaces, there being evidently a stratum of muscle between them. An effort to break down the tissue by force failed. The limb was therefore put up in splints and lateral pressure continuously applied, in hope that absorption might be induced thereby. Every effort was in vain. Extension was easily kept up, and the patient was perfectly obedient; but at the end of five months there was not the slightest union. At this time Dr. A. requested his friend Prof. Johnson to perforate the fragments. Chloroform was administered, and Prof. J. pierced through one fragment of the bone into the other in three directions. After penetrating through the first fragment, the instrument went in full half an inch before striking the second. Considerable irritation followed the operation, but no great amount of inflammation. On the tenth day the irritation having nearly subsided, the second perforation was made. In this instance an instrument was used about one quarter of an inch broad at the cutting extremity. It was introduced by Prof. J. not *through* the fragments as in the first perforation, but *between* them. It was passed to and fro, so as to break up the intervening tissue and lacerate extensively the surfaces of the fragments. On withdrawing the instrument, blood boiled out in a pulsating current, showing that a considerable number of arterial twigs had been wounded. A moment's pressure on the femoral artery sufficed to stop the hemorrhage, after which the limb was done up as before. A moderate inflammation followed and a rapid improvement of the limb. In



three weeks it was evidently united. A suitable time was allowed for the consolidation of the union, and then the patient was set up upon his crutches to learn again his long forgotten art of walking.

It will be noticed that, though this was apparently a bad case, it only required two operations. Some have required as many as five, before a union was effected.

There is but little occurring at present of medical interest in the city, therefore adieu till next month.

Yours truly,

X.

---

## SELECTIONS.

---

### ON THE MEASLE OF THE PIG; AND ON THE WHOLESOMENESS, AS FOOD FOR MAN, OF MEASLY PORK.

BY ALEXANDER FLEMING, M. D., PROFESSOR OF MATERIA MEDICA, QUEEN'S UNIVERSITY,  
IRELAND.

The following report was furnished to the committee of the provision merchants of Cork, who applied to me for information on the subject to which it refers, in January, 1856. Stated briefly, the questions submitted by the committee were:—1. What is the nature and origin of measle in the pig? 2. Are all pigs measly? 3. Can pork be measly, and that condition be invisible to the naked eye? 4. Is there any analogy between measles in the pig, and the disease known by that name in man? 5. Is fresh measly pork wholesome? 6. Is cured measly pork wholesome? 7. What is the chemical composition of the measle?\*

Twenty-one specimens are supplied to us, viz :

Seven of fresh healthy pork, from different parts of different pigs; six of fresh pork, slightly measled; seven of fresh pork, badly measled; one of cured pork, badly measled.

"The measle of the pig is an animal parasite, the *Cysticercus cellulosæ*, or bladder flesh-worm. It infects the muscles of all parts of the body, but is found most frequently in those of the tongue, loin,

---

\* I was requested to associate with me in this inquiry my colleagues in the Chairs of Natural History and of Agriculture, and the report in the text was prepared by me to embody the joint results of our investigations. It was signed by me and Professor Smith. Mr. Murphy sent in a separate report, but his views are substantially the same. Drawings of the *Cysticercus*, and of its several parts, referred to in our report, are given by Professor Smith in the *Microscopical Journal* for January, 1857. See also, Huxley's Lecture on the *Tæniadæ*, in *Medical Times* for August, 1856: and the *Brit. and For. Med. Chir. Review* for January, 1857.

and neck, and is often seen in the muscular substance of the heart, lying between the fibres of the muscle. It is seen as an ovoid bladder, from two or four lines in length, formed by a thin, transparent membrane, and enclosing at one extremity an opaque body, of a white color. This is the worm coiled up, but which, when unfolded, exhibits a head, neck, and pear-shaped vesicular tail. The head is armed by a crown of barbed hooklets, around which are placed four sucking mouths, and the neck is formed of a series of rings, which gradually lose themselves posteriorly on the dilated and bladder-like tail. In the interior of the worm are a number of microscopic corpuscles. The average diameter of these bodies is 1-1500 of an inch, and their usual form that of a flattened circular disc.; but they vary both in form and size.\* During the life of the pig, the bladder enclosing the worm is fully distended with a pellucid fluid, but after the pig's death, a portion or all of the contained fluid escapes in the surrounding tissues.

"In the specimen of cured pork sent to us, the bladders were empty of fluid, and the microscopic corpuscles in the body of the worm presented a central granular opacity, instead of being clear and transparent, as in the fresh specimens. *We believe that the life of the parasite is destroyed by the process of curing.*

"It is now maintained by several eminent physiologists, that this fleshworm is the *scolex* or imperfect condition of the tapeworm or *Tænia solium*, and that when passed alive into the intestinal canal of man and other mammalia, it assumes there a higher degree of development, and becomes a tapeworm—a troublesome parasite—often causing distressing symptoms, and impairing the health. The organization of the fleshworm, as now described, goes far to establish this opinion, if, indeed, it be not already placed beyond doubt by the results of experiments in which it was shown that dogs fed on fresh measly pork became affected with tapeworm. With us the parasite is killed by cooking, but where the flesh is eaten raw, as in Abyssinia, tapeworm is very common.

"*All pork is not measly.*—In the specimens of healthy pork we found no trace whatever of the parasite in any stage of development.

"In the specimens of both slight and badly measled pork submitted to us, the worms were all visible to the naked eye. All appeared to have reached the same degree of organic growth, and in none of the specimens, healthy or otherwise, could we find eggs or the slightest trace of the parasite in an earlier stage of development.

"This parasite has been found in the muscle, brain and eye of man: but *there is no analogy whatever between measles in the pig and the disease known by that name in man.*

"It is highly probable, if not quite established, that measles originate in the eggs of the tapeworm which infests the bowels of the dog. Each mature joint of the last parasite contains many thousand eggs. These, when voided by the dog, are resolved into a fine dust, and are scattered by the wind, and thus, mixing with the food or

---

\* These cellules were erroneously regarded as eggs by Klencke and Gulliver.



drink of the pig, enter its body, and are there converted into the measle or fleshworm, which, as already stated, is an imperfect condition of the tapeworm. Measles may not form in every hog that has swallowed tapeworm eggs; while a feeble digestion and constitutional debility may especially favor their hatching in some pigs.

"If this view of the origin of measles be correct, it will be an important and rational guide to the prevention of the disease, and which will consist in *providing the pig with thoroughly clean food and drink, promoting its general health, and removing it from the neighborhood of dogs affected with tapeworm.*

"When only a few of the parasites are scattered in the body of the pig, the flesh does not differ from that of healthy pork in its ordinary character or minute structure, and the general health of the pig is not affected. When used as food, it must be so rare that the vitality of the worm can escape cooking, mastication and digestion, that we believe the risk of tapeworm from its employment to be very small; and on the whole, *we see no valid reason for regarding slightly measled pork as unwholesome*; but it must be well cooked, and never eaten raw or undone.\*

"On the other hand when the parasite is thickly distributed throughout the muscle, the flesh is pale, soft and watery, and the muscular fibre near the worm loses its healthy structure, and exhibits evidence of the condition known to pathologists as fatty degeneration. The health of the pigs is much impaired, and in the worse forms of the affection we may have inflammation and suppuration in one or more parts of the body, with general fever, wasting and weakness. The pig is seldom permitted to see this stage, and almost never to survive it.

"When the disease proves fatal, according to Mr. Martin, the animal loses appetite, blisters form under the swollen tongue, the skin ulcerates, and death occurs amidst extreme debility and emaciation.†

"Badly measled pork is insipid when cooked, and in boiling loses more weight than healthy pork. It is more difficult to try, and exhibits greater proneness to putrescence;‡ while, respecting its use as food, we must not forget the possibility of its causing tapeworm, nor the risk of some portion of the animal having undergone during life changes of a truly morbid nature, as inflammation and suppuration. Taking account of all these circumstances, we cannot regard bad measly pork, fresh or cured, as wholesome food for man.

"This opinion may be assailed on the ground that bad measly pork is consumed to a large extent, and that no hurtful effects have been traced to its employment. But we cannot trust to common experience in a question of this nature. Putting aside the ordinary sources of fallacy, the poor consumer of such meat is rarely capable of tracing the relation of cause and effect between bad food and its

\* The process of curing is fatal to the parasite, and removes all risk of tapeworm.

† Farmer's Library, vol. ii., p. 491.

‡ These facts were determined by repeated comparative observations with healthy pork.

evil consequences. He would conclude meat to be wholesome which failed to produce some striking bad symptoms soon after a meal, and would be unable to refer to its true cause the injurious influence, slowly and silently, but not less certainly, wrought upon his system by the long continued use of an unwholesome article of diet.

"Chemical analysis could not aid much in this inquiry, but were it otherwise, the time allowed us did not permit of its employment."

The measle in the hog is more observed in Cork than elsewhere in these islands. This is in part due to its being more carefully sought for; but chiefly to its greater frequency, caused, I apprehend by inattention to the cleanliness of the pig's food and drink, and by the circumstance of its being reared in the peasant's cabin, where it has very generally a dog (untaxed in Ireland) for a companion. This dog for the most part has tapeworm. Nor must we forget the influence of our low marshy grounds and warm humid climate, in favoring the production of parasites, and especially of worms. These conditions may induce a state of constitution in the pig favorable to the reception of the parasite, and we can readily understand that a warm and moist air should favor the incubation of the tapeworm egg and development of the young *tædia* outside the body.

I am informed that in Cincinnati, the largest pork market in the States, the measle is unknown. If this be the fact, it would be interesting to know whether the pigs brought to that city, and which are fed chiefly in the forests of Ohio, Kentucky, and West Virginia, are kept apart from dogs having tapeworm. Perhaps some of our American readers could inform us on this point. Dr. Wood, of Philadelphia, says that tapeworm is comparatively rare in the natives of the Union.

The researches of Kuechenmeister, Roell, Leuchart, Von Siebold, and Van Beneden, leave no doubt of the connection between the cystic and cestoid entozoa. Experiment shows that the measle is generated in the muscle of the pig by feeding it with ripe joints of the dog's tapeworm (the *Tænia serrata*, now considered to be the same as the *Tænia solium*, or human tapeworm), and that the same tapeworm is developed in the intestines of a dog fed with fresh measly pork. The measle is not generated in the dog by feeding it with the tapeworm eggs.

Leuchart has traced in the rabbit the passage of the embryo tapeworm into the blood vessels. The eggs are quickly hatched in the stomach, and the young *tænia* bore their way with their lancet-armed heads through the mucous membrane, into a blood vessel. With the blood they are carried in the rabbit to the liver, to be there arrested and developed into hydatids or Cysticerci. In the lamb, the young *tænia* are carried with the blood to the brain, where they fix and grow into the cystic parasite named *Cænurus cerebialis*, and within two weeks of the commencement of the experiment the lamb is affected with the "staggers."

The cystic entozoa or hydatids do not form a separate class of parasites, but are merely the cestoid entozoa or intestinal worms in an imperfect state. Each species of tapeworm has its correspond-



ing cystworm, but the same embryo tapeworm may produce two or three forms of hydatid, according to the species of animal and part of the body in which it may change—or rather, I should say, mischance—to be developed, for the hydatid is essentially abnormal both in form and site, and these entozoa obtain their perfect growth only in the intestinal canal—their proper dwelling place. The young tapeworm, swimming in the blood, is fixed probably by getting into a capillary too small for its passage; and the reason of its being arrested by preference in the muscle of the pig, brain of the sheep, and the liver of the rabbit, may perhaps be found in the relatively small size of their capillaries.

As the egg of the same tapeworm develops both the measle in the pig and the staggers in the sheep, the means of prevention suggested in the report, for the former disease, will apply equally to the latter.\* In addition to the means of prevention there mentioned, it might be well to reduce the number of dogs in the country, and to diminish the frequency of tapeworm among them by not feeding the healthy with raw flesh, and by the vigorous treatment of the diseased. The excrement of dogs should not be mixed with the manure for pasture fields.

There is more hope of preventing measle than of their cure. I made many inquiries as to the treatment of the disease, but without obtaining information of much value. The farmers generally are skeptical as to cures being ever obtained, but a few have faith in treatment; and, of the several remedies employed, the internal use of sulphur is most relied on. Two or three cases were mentioned to me by trustworthy persons in which cures appeared to have been made by this drug. It is probably converted in the pig's body into sulphurous acid, and poisons the measle. This acid is a most efficient parasite-killer. Alcohol, iodine, camphor, turpentine, and nitrate of silver are actively poisonous to the cystic parasites, and their internal use may be tried.

In Cork the pig is examined for measles by official persons, both in the living and the dead markets. The parasite shows itself at a very early stage of the disease in the tongue, and this organ is inspected in the living market. The pig is placed on its side and the mouth opened. The tongue is then drawn forward and pressed firmly between the fingers in its whole length. The measle if present, is felt by the finger, and withdrawn through a scratch in the mucous membrane. If none are felt, the pig is passed as healthy. This test is the best known, and is very useful, but the worm may be absent from the tongue and present elsewhere in the body; and a more certain means of detecting the disease in the living animal is to be desired.

In the wholesale dead market, the inspection is made by making a free cut lengthways into the inner loin muscle at the side of the

---

\* According to Kuechenmeister, the hydatid of the sheep's brain, causing staggers, is produced from the embryo of a peculiar tapeworm, named *Tænia Cœnurus*, also found in the bowels of the dog.

spine, and by cutting across the neck. And, should the purchaser desire it, cuts are made into the flesh elsewhere, as the back of the neck and shoulder. If one measle only is found, the price is lowered 5s. per cwt., and if more are seen, a larger reduction is made, varying in amount according to the number. The worse forms are not sold in this market.

The origin of tapeworm in man from the measle was rendered probable by the greater frequency of the disease among the consumers of raw flesh, and particularly of raw pork, as the Abyssinians, the natives of Nordhausen, and the operatives of Lancashire; but Kuechenmeister has given a high degree of certainty to the connection by experiment. He fed a condemned person with measles, and found tapeworms in his body after execution. The parasites were given during the three days before death, in five doses of about a dozen each time, disguised in soup. Ten young tapeworms were found in the intestinal canal, attached to the mucous membrane in the usual way.

The process of *curing* destroys, as we have shown, the vitality of the parasite, and to this circumstance the immunity from tapeworm, enjoyed by the inhabitants of Cork, must be attributed. The poor of this city, among whom tapeworm is very rare, undoubtedly consume a large quantity of measly pork, but always salted. The freedom of seamen in the navy from tapeworm admits of the same explanation. Much of the pork formerly used in the navy was measly, but it was well cured. At the present time, the naval contracts are inspected with care, and measly pork is rejected.\*

The use of raw, measly flesh cannot, however, be the only source of tapeworm in man. This parasite occurs among the very poor who scarcely eat flesh of any kind, and it plagues the Hindoo, who lives almost exclusively on rice. It may, perhaps, originate from the direct introduction of the tapeworm eggs or young *tænia* with the food or drink into the stomach. Klencke, many years ago, asserted that he had found microscopic young *tænia* in ditch water, and the frequency of tapeworm in Vienna has been attributed to the water of that city, in which young tapeworms have been detected.

Why, when thus introduced into the stomach of man, the dog, pig and sheep, respectively, they should cause tapeworm in the first and second, and pass into the blood of the third and fourth to grow cyst-worms, may be explained by supposing that in the carnivore's stomach the mucous membrane is tougher, or that the young *tænia* are dissolved by the strong acid, gastric juice, except on rare occasions, when they slip alive into the intestines to grow tapeworms; while in the herbivorous stomach,† where the food lies long, they escape digestion,

---

\* While engaged in this inquiry, my friend, Dr. John Burns, of H. M. S. Hastings, communicated with several of his brother medical officers to learn their experience of the use of measly pork in the navy. Tapeworm had not been traced to its employment. During the summer of 1855, Dr. Burns states that the provisions issued were uniformly of good quality.

† *Cysticerci* infest the flesh of several vegetable feeders, as the ox, deer, sheep, hare, rabbit and mouse.



the gastric fluid acting feebly on animal matter, and piercing the softer mucous coat, make their way into the circulation.

These remarks have brought me to difficult, and as yet obscure ground, and, in truth, although great progress has been made of late years in our knowledge of intestinal worms, much remains to be done as well for their natural history as for those important questions in hygiene and pathology to which they give rise, before we can attain to clear views and definite conclusions.—*New Orl. Med. News and Gazette and Southern Med. and Surg. Journ.*

---

## EDITORIAL.

---

**THE ABORTION CASE—THE PARTIES HELD TO BAIL IN \$10,000 EACH.**—On Saturday, Mr. Jas. W. Temple and Dr. Jas. Swanze were taken before Judge R. S. Wilson, of the Recorder's Court, on a writ of *habeas corpus*, and after hearing testimony and argument in the case, the Judge decided to admit them to bail in the sum of \$10,000 each, to answer the charge of manslaughter.

The medical testimony given in the court was in the highest degree conflicting, illustrating the old adage that "doctors differ."

Prof. D. Brainard testified to the effect that the production of abortion by mechanical means which rupture the membranes was not at all dangerous or injurious to life, if proper care were taken of the person subsequently. He said he considered that all the leading medical writers sustained him in this position. A patient who had advanced as far as the third month of pregnancy, would be no more injured by the production of an abortion than she would have been by allowing the full period to pass, and the child to come into the world in the natural way. He stated that not one case in two hundred, where abortion was produced at the third month of pregnancy, would prove fatal, but to make it safe, he would say one case in one hundred.

Prof. N. S. Davis, on the other hand, testified that he looked upon the production of abortion by mechanical means as in the highest degree dangerous, and also as highly injurious to the system in its subsequent effects. Out of twenty cases of abortion, that came under his knowledge, he could not recollect a single case where permanent and serious injury was not the result.

The question arises as to which of the learned and talented professors is right, for certainly their testimony is widely different.—*Chicago Paper.*

The case here referred to, on which this testimony was given, occurred in Chicago, and was one of those of so frequent occurrence, as to have ceased to startle the communities in which they occur from

novelty of the crime; and commonly excite more of morbid sympathy and commiseration for the parties concerned, than any healthful expression of opinion and decided action towards meeting out justice to the guilty ones.

Such occurrences, indeed, excite no such interest as a beer-house row or a street garroting, though it must be evident to any impartial and reflecting individual that the crime is as much more heinous and indicative of a degraded sense of morality and responsibility, by as much as the iniquity of a cool, deliberate assassination of an innocent, unresisting and utterly helpless being, with the danger of a double murderer, exceeds that of the unmediated angry blow given in the heat of passion, which makes a thoughtless man an unwilling and repentant murderer; or as it exceeds the guilt of the goaded victim of avarice and guilty passions who becomes the bold robber of a man's valuables while he spares his life.

We said that these crimes have ceased to startle from their novelty, and even while we are writing this, our own papers contain the report of a similar case in our own city which has resulted in the death of both mother and child.

The object of this paper, however, is not to remark upon particular circumstances of this case, nor has it reference to the crime of abortion in general, its danger and immorality, the legal responsibility of the parties engaged, nor to means for its suppression. Upon this subject we took occasion to express some opinions in a recent number, among which was the following, "that we did not believe any considerable number of the members of the regular profession in any manner countenanced or even tacitly supported the popular sentiment on this subject."

Our purpose now has reference to a portion of the evidence in the above report, which coming from a man in Dr. Brainard's position, if not very surprising, is certainly—if contrary to good teaching, as we believe it is, as Dr. Davis believed and as the evidence of leading authors conclusively shows, deserving of notice from the authority which his position as a teacher might be supposed to impart to him, and the influence which might thence be exercised on the opinions of junior members of the profession.

And if he is sustained in these views, as he asserts, by good authority, it is well to know it; and if otherwise, as we could scarcely attribute the expression of such an opinion, in one holding his position as a teacher, to ignorance of authorities, it must arise from other causes. And when he thus dogmatically gives an opinion so opposed



to the teachings of the best, and, indeed, of all authors on the subject, as we think we can show, we are inclined to ask ourselves if we uttered a mistaken opinion, that very few members of the regular profession in any manner countenanced or even tacitly supported the popular sentiment on this subject—at least as far as regards the danger of the accident; for this is evidently supporting the popular sentiment as regards the danger; and if we find such opinions amongst the teachers, how much more shall we not amongst the pupils, and, indeed, we fear there are no small number who construe their ideas of the immorality of the business according to their views of the danger.

But we will not judge Dr. B. without evidence. What are the statements of the authorities on this subject? and do they sustain Dr. B. in his statement, "*that the production of abortion by mechanical means which rupture the membranes was not at all dangerous or injurious to life, if proper care were taken of the patient subsequently?*" and again "*that a patient who had advanced as far as the third month of pregnancy, would no more be injured by the production of an abortion than she would have been by allowing the full period to pass, and the child to come into the world in the natural way.*"

Although this accident is so very common, occurring frequently in the experience of every practitioner—so frequent, that according to Dr. Whitehead's\* statistics, of 2000 cases of pregnancy 1 in 7 terminated in abortion; yet there is no want of evidence from good authorities to show that is not without danger, even when resulting from natural causes. It is not without immediate danger to life, though the greater danger arises from the more remote but nevertheless direct sequences of the accident, which from the fact of their remoteness and chronic course are less liable to be regarded as the consequences; and hence arises the idea of its innocuousness.

Thus says Ramsbotham on this subject.\*\*

"Although however the discharge is the only symptom which need produce immediate alarm, abortions, as is well observed by Denman, especially if repeated may either occasion local disease, or the time of an abortion is an era from which we may date the commencement of some *dangerous diseases of the uterus or its appendages.*"

"Abortion not unfrequently is also followed by hysteritis, inflammation of the uterine veins and some of the other inflammatory diseases of childbed," and again,†

\* Whitehead on Abortion and Sterility.

\*\* Ramsbotham's Process of Parturition, p. 487.

† Ibid.

" 486.

"The principle if not only source of peril, is loss of blood."

This is, indeed, the great source of danger at this period (3rd month), at which time Dr. B. states that a patient "*would no more be injured by the production of an abortion than she would have been by allowing the full time to pass and the child to come into the world in the natural way.*"

Says Churchhill\* on this point:

"It is always an untoward event but not to be considered *dangerous*, unless accompanied by great hemorrhage," and again:\*\*

"Generally speaking the flooding is less, the nearer gestation is to completion."

And thus Cazeaux:†

"Whence I conclude that an abortion is then (third or fourth month) more *grave* and *painful* to the patient, as also more *dangerous* than in the fifth or sixth."

Colombat†† also remarks as follows:

"The prognosis of abortion regards both mother and child; for the former it is generally *more dangerous* than labor, because the latter is the performance of a natural function, while miscarriage is a disease."

And thus Bennet:‡

"Abortion is often occasioned by inflammatory ulceration of the cervix uteri, and often occasions it."

And thus Lisfranc:‡‡

"Abortion in particular has been designated as a frequent and even as a formidable cause of organic affections of the uterus."

Such are the opinions of some recognised authorities, in regard to the danger of abortion resulting from natural causes. If such danger exists in natural abortion, how much more must it be in those artificially induced. On this point, we will also take the evidence of "leading medical writers," and first that of statistics, such as we are enabled to adduce.

Churchhill collates from various authors 706 cases in which premature artificial delivery was effected for various causes. In these, death to the mother was the result in twenty-five, and from the means made use of, in twenty, or about one in thirty-five.

On this point says M. Chailly:‡‡‡

\* Churchhill Midwifery, page 180.

\*\* Ibid. " 184.

† Cazeaux' Midwifery, " 265.

†† Colombat on Diseases of Females, p. 591.

‡ Bennet on the Uterus, page 321.

‡‡ Lisfranc do. " 85.

‡‡‡ Chailly's Midwifery, p. 131.



"If we consult the statistics published in 1838 by M. Stolz, it will be seen that in 211 premature artificial deliveries more than one half the children survived, and *scarcely one mother in fifteen died.*"

These statistics are also adduced by the authors to show the comparative safety of this method of procedure. They were, too, cases occurring in the hands of teachers and recognised authorities in medicine, and against whom therefore the charge of incapacity and neglect of proper subsequent care could not be brought.

There is no little difference, it will be observed, between one death in fifteen, according to Stolz, or one in thirty-five, according to Churchill, and one in two hundred or even in one hundred, according to Dr. Brainard's opinion. But, perhaps, Doct. B. may object to these facts, that here the operation was performed late in pregnancy, after quickening, with the view of affording a chance for a viable child, and that the danger was proportionally increased as the pregnancy had advanced towards full term, and that at or about the third month the danger would be far less. Now if this were so, is it probable there should be as much difference in the danger attending the operation about the third month, and that after quickening up to the seventh as would be indicated by these figures? But, however, much less the danger may be in natural abortions at this early period, and we have shown that even this is not admitted by all good authorities, still in artificially and especially mechanically induced abortions at this period, the case is widely different. Here the danger is increased, as appears very evident, by just as much as the difficulty of safely manipulating with instruments about the undeveloped os and cervix at this early period exceeds that of manipulating in a later and more developed stage. But we will show what this danger is from the best authorities.

Thus says Cazeaux\* on this point:

"The prognosis varies with the cause of the accident. Thus the most serious of all is an abortion brought on either by internal remedies or by manipulations."

And thus Colombat\*\*:

"The most dangerous (is) that which has been occasioned by a violent exciting without any predisposing cause."

Velpeauf† makes the following statement in relation to the consequences of using instruments to procure abortion:

---

\* Cazeaux' Midwifery, Am. Ed., page 265.

\*\* Colombat Diseases of Females, Am. Ed., page 591.

† Quoted from Beck's Medical Jurisprudence, page 444.

“Those who make use of them, most frequently fail in attaining their object, and succeed only in seriously injuring the womb.”

And thus again Dr. Smith:\*

“Abortion is in general injurious to health, and is seldom unaccompanied with suffering. The administration of emenagogues to force a separation of the ovum where the constitution has no tendency to throw it off, is highly *dangerous to the mother*. No drug can act in this way upon the uterus, but by involving it in a violent shock given to the general system. It has frequently occurred *that the unhappy mother has herself been the sacrifice* while the object intended has not been accomplished.”

And then again Dr. Burnst† who writes as follows:

“It can not be too generally known that when these medicines (emenagogues) do procure abortion, the mother can seldom survive their effects.”

Again Doct. Michel Ryan,††

“Irritation of the cervix uteri by mechanical means and piercing the membranes justify the truth of the remark ‘*sæpe suos utero quæ necat ipsa perit.*’”

Translation—frequently, she who would destroy her foetal offspring, perishes herself.

And again Baitley††† as follows:

“Every woman who attempts to promote abortion, *does it at the hazard of her life.*”

And again Male‡ who writes:

“There is no drug which will produce miscarriage in women who are not predisposed to it, without acting violently on their system, and *probably endangering their lives.*”

Dr. Meigs†† writes:

“But shall a man feel justified to enter on an important operation, one *admitted to be dangerous to the mother*, and uncertain for the child in the proportion of 50 per cent. upon the ground of a mere peradventure.”

Dr. Beck††† characterises the introduction of instruments into the womb for the purpose of rupturing the membranes as *villainous* practice, and draws the following conclusions on this subject:

1st. “That all of them (means of producing abortion) are uncertain in their operation upon the foetus.

2nd. “*That they always endanger the life of the mother.*”

\* Smith's Principles of Forensic Medicine, p. 295.

† Burn's “Medicine, p. 283.

†† Manual of Midwifery by Michel Ryan.

††† Baitley's Treatise on Forensic Medicine, p. 5.

‡ Male, Epitome of Medical Jurisprudence.

†† Diseases of Females.

††† Beck's Medical Jurisprudence.



3rd. "That they sometimes *destroy the mother* without affecting the foetus."

Again we quote from Farr :\*

"The *life of the mother* as well as the child is *endangered by such exhibitions.*"

Such are the views of some of our authors respecting the danger of inducing abortion. Had we the works of other writers on this subject to refer to, we doubt not that much more corroborating testimony might be adduced.

We will now offer some evidence respecting the particular source of danger in the use of instruments for the puncturing the membranes; and let our readers judge from this evidence whether this danger is not far greater at the third month than at any consecutive period,—that the danger from this source will be just in proportion to the earliness of the stage of pregnancy, in which these means are employed.

Thus remarks Dr. Taylor:†

"Mechanical means are undoubtedly more effective in producing abortion than medicinal substances; yet from the fact of such attempts being made by ignorant persons, the woman generally dies from hysteritis, peritonitis or other serious after consequences." And again :

"It is obvious that this mode of perpetrating abortion is only likely to succeed in the hands of persons *who have a complete anatomical knowledge of the parts.*"

This is an admission of the danger from the operation performed by inexperienced hands. But the operation is not attempted alone by ignorant persons, as this writer seems to think, nor is it alone unsuccessful with such persons, as he also asserts. That it is not attempted alone by ignorant persons, the statistics we have quoted will show that it is not always successful with intelligent and experienced physicians, and those having a complete anatomical knowledge, particularly in the early months, we will proceed to show.

"Thus Dr. Gooch relates that Dr. Wm. Hunter attempted this operation (introducing an instrument to puncture the membranes) on a young woman at about the third month of pregnancy. He found that he several times *punctured the cervix uteri*, and the case *terminated fatally.*"

"If this happened to one of so much anatomical knowledge and skill, how much more probable must it be in the hands of those ignorant men, by whom for the purpose alluded to, the operation is

---

\* Beck's Medical Jurisprudence, page 70.

† Taylor's " "

sometimes undertaken. No doubt, these attempts often prove fatal, but the murdered do not tell tales."

On this point, Ramsbotham also remarks :

"That the performance of the operation demands a *most accurate knowledge* of the anatomy of the ovum and the maternal structures as well as of the state of development which the neck of the uterus assumes at different periods of pregnancy."

Now consider that the necessity for this operation arises so very seldom, and almost never at the third month, and it is apparent that the skill derived from experience, in legitimate practice, is not easily obtained, and hence the greater likelihood of injury resulting to the cervix and os uteri.

Moreover, it is generally admitted, and has been shown conclusively by eminent obstetric writers, that morbid conditions of the os uteri, ulcerations and inflammatory conditions, are one of the most frequent causes of abortions. Hence we see why abortions would be likely to follow in these cases, at the expense of injury, perhaps permanent, to the mother, and the strong presumption that abortion in the early months, by mechanical means, is the result of such injuries to the mother rather than of injury to the ovum.

What the danger, both immediate and ultimate, is, from these injuries should be known to every medical man, and we presume it is.

E. P. C.

---

"MEDICAL EDUCATION."—Not "the American system of medical education," as made up to suit the body corporate of the Jefferson Medical College of Philadelphia, but the system of education adopted for the training of students of medicine by the authorities of the State of Michigan, the working of which is entrusted to the faculty of medicine in the State University.

We know of no school in our country whose plan of instruction is more completely adapted to fulfill the designs of its creation than that prescribed for the medical department of the University. Having an active faculty, a sixth months lecture term, and a course of analytical chemistry, and a course of clinical instruction interposed between the close of our lecture term and the commencement of another to which the more advanced students are admitted, it seems to us more nearly to meet the wants of students than any other we are acquainted with in the United States.


If the design could be executed faithfully, there would be but few other things to be added, to make the institution as perfect as the popular form of our political organization will admit of. But this is



not the case. Of the fidelity of the faculty in the main, we are ready to give our testimony. It gives us no pleasure to speak of the exceptions. But being cognizant of the evil, we think our duty requires us to point it out, so that it may be talked of and sanctioned, or else suppressed in compliance with an intelligent judgement. We allude especially to the non-residence of a part of the medical faculty during the lecture term at Ann Arbor.

On this subject we have heard complaints. In what ways this habit or custom produces evil, we do not propose to speak at this time. We designed only on the present occasion to speak of the fact, not wishing to excite prejudice against individuals by any comments of our own, as to the manner in which the wrong doing is made manifest.

---


 We desire to call the attention of our readers, and through them of patients whose limbs they may have been under the necessity of mutilating, to the advertisement of Palmer's artificial limbs on another page.

If requested to make a favorable notice of these admirable substitutes for the natural members, we would be at a loss to know what we could do more than mention the well known fact, that these pieces of mechanism have been exhibited at the worlds fairs, both in this country and Europe, and on each occasion have taken the highest prize; and have by all scientific and practical men been considered the most perfect in their line of any thing which modern genius and skill have as yet been enabled to achieve.


We know many persons wearing these limbs which operate so admirably, that none but an expert could say but that the natural members were present performing fully their functions. Their use is attended with little or no inconvenience or pain, and they thus not only give great comfort to patients, but diminish in the Surgeon's mind the non-pleasantness caused by reflections upon the results of his operations.

These limbs can be obtained of Higby and Stearns, Jefferson Avenue, Detroit, who are agents for their sale.

---

 We omitted in our last number to call attention as we intended to have done to the article of E. Andrews, M. D., formerly Professor of Comparative Anatomy, &c., in the University of Michigan, on the Physiology of the Voice. Prof. Andrews claims to have made an important physiological discovery, and he is one of those men who make no spurious claims.

We would ask the attention of our readers, and particularly of those specially cultivating or teaching physiology, to the paper in the September number of this Journal.

 The Fisk Fund Prize Essays will be noticed in next number.

---

## MISCELLANEOUS.

---

### MESSRS EDITORS:

Having been personally interested in the summer course of Clinical Lectures at St. Mary's Hospital which have just closed, I feel it due to justice and myself—and I trust without the appearance of merely complimenting the senior editor of your Journal—to express my hearty approval of this course of lectures. Having at different times been permitted to attend the clinical lectures and the examinations of the students on the various diseases brought to their notice, I have no hesitancy in saying that this first experiment, for educating young men for the profession of medicine by a clinical course independent and separate from the general course will prove in the future the only judicious course for the purpose of educating young men thoroughly for the duties incumbent on them as physicians.

The old method of giving a clinical course at the same time with a general course of lectures has in its favor cheapness for the student; but the general course most necessarily embarrass the clinical course for want of time and opportunity for thorough investigation.

The clinical course given at the hospital has proved very satisfactorily to my mind, the truth of the above remarks. The time allowed was such, as to enable the Professor to enter fully in the cause, pathology, diagnosis and cure of such diseases, as were treated in the hospital. Although the hospital does not afford room for as great numbers of beds as many of the Eastern hospitals, it has a sufficient number for the accomodation of all who wish to avail themselves of an institution of the kind, and enough have been brought into the institution for the purpose of instructing the class in most, if not all the important diseases of the climate.

I may further state that in the several examinations which I have been permitted to attend, the young gentlemen have done themselves great credit, and equal to many graduating classes. The diseases which were under examination when I was present, were tuberculosis, dropsy, albuminuria, &c.

Having had a son in the class, I have felt it a privilege to state the above opinions with grateful feeling towards the clinical professors and lecturers, and the benefactions of our liberal state.

Detroit, Sept. 27, 1857.

N. D. STEBBINS.



THE PENINSULAR  
JOURNAL OF MEDICINE  
AND THE COLLATERAL SCIENCES.

---

VOL. V.

NOVEMBER, 1857.

NO. V.

---

ORIGINAL COMMUNICATIONS.

---

ARTICLE I.

---

*Report of a Clinical Lecture by Dr. Palmer to the Clinical  
Class at St. Mary's Hospital—Tuberculosis.*

---

GENTLEMEN:—I shall ask your attention this morning to this patient, who, you perceive, is much emaciated, has a cough and a free purulent looking expectoration, shortness of breath and a wavering unsteady voice. These symptoms and appearances which we discover from the most superficial observation, suggest at once some disease of the lungs, and the general aspect of the patient—his complexion showing no marks of the sun and the elements, his hands manifesting no evidences of recent labor, his great emaciation without the signs of severe acute suffering, all indicate that he has long been confined to the house, if not to the bed, that he has been laboring under disease for at least a considerable length of time.

If we observe him a little more closely, we find him to have a narrow, contracted chest, that his clavicles are very prominent, his shoulders thrown forward, his scapulæ projecting something like a pair of wings, his features are thin and prominent, his jaws are narrow and projecting, his hands long and slender, the ends of the fingers larger than the portions above, and covered with nails very much bent and destitute of those white semilunar spots which are commonly found at their base. His skin is rather dry, but has not much heat; his

pulse is about 95 per minute, and though his stomach suffers, his tongue does not vary greatly from the natural appearance.

These appearances confirm the impression which the cough and expectoration you have witnessed so strongly give, and all together would lead one who had had experience, to the supposition that the man has consumption. But to be certain of this fact, and know more definitely what the actual condition and stage of the disease is, we must institute a more particular investigation.

He tells us his name is Barney Callaghan, his age is forty-one, is a native of Ireland, but has been in this country twenty-five years; his occupation has been that of a sailor upon the lakes, acting mostly in the capacity of a steward of vessels; that he has been rather temperate, though not unfrequently has taken "a glass of brandy or so;" that he has been "weakly" for seven years, and has been so much unwell that he has not labored for the last three years. He is not aware that any of his family or near relatives have had consumption.

It appears further from his account that his symptoms of cough, pain in the chest, weakness, &c., came on very gradually and were preceded and have been attended ever since by derangement of the stomach and habitual costiveness. His cough was at first dry and occasional, sometimes disappearing for weeks or months. At length he became feverish by turns, had occasional pains in the chest, had sometimes night sweats, would expectorate freely at different times, and that he has gone on in this way vacillating more or less, but gradually getting weaker and thinner from month to month, until at present he can sit up but very little, is unable to walk, has not much pain however, and thinks if his stomach was only in a good condition, he would be "very comfortable and pretty well." His appetite is very good, excepting in the morning, but his food often distresses his stomach. When that is not the case, he feels very comfortable.

He has taken various medicines at different times, among them Cod Liver Oil, until his stomach could no longer bear it, and we learn from Dr. Pitcher that he is taking now Subnitrate of Bismuth, which allays very materially his gastric symptoms.

This, as fully as we can get it from himself, is the history of his case. By this history the first impression is sustained, but we have other means of ascertaining more particularly the condition of internal organs. We will now proceed to ascertain by a physical examination what we can about this condition, comparing the appearances we observe and the sounds we hear with those of healthy persons and sound lungs and with numerous other patients in the house, having a variety



of diseases of these organs, and will discuss more at length at other times and in another place the nature, the causes, the prevention and the management of these very frequent and generally fatal cases.

On raising the patient up in bed, denuding his chest and observing carefully its form, symmetry and movements, we observe more plainly its narrowness and flatness under the clavicles, before referred to. We also notice that the left side is somewhat more flattened than the right, and that there is but little motion of the ribs in the act of respiration, especially at the upper part of the chest, and less on the left side than the right.

You have already been instructed in the principles of physical diagnosis of diseases of the chest, and are familiar, I hope, with the natural sounds heard in auscultation, and elicited upon percussing the healthy thorax. You have been instructed as to the manner and requested to practice upon each other, and having manifested the proper attention and diligence, you have doubtless an impression of what is heard in the physiological state, and have consequently in your minds a standard of comparison by which to test deviations from a state of health. This is, of course, essential as a starting point. You must call to mind then the equable, gentle, expansive, breezy sound of the healthy respiratory murmur, or vesicular respiration—the greater length of the inspiratory to the expiratory sound, the former being from two to four times as long as the latter. You must also remember the sounds emitted from the trachea and from the larger bronchial tubes, and the situations in which those larger tubes are placed; where they most approximate the surface, and where they are most distinctly heard in health. You must recollect the peculiar characters of each of these sounds; how the two latter give the idea of air passing through tubes of greater or smaller size, and of more or less firm and smoother structure; that tubal sounds are usually more intense and fully as long or longer in expiration than in inspiration, while the reverse is true with the vesicular sounds. You must also recollect the sounds emanating from the chest in different parts produced by the voice, and not forget the points where the sounds are most clear on percussion.

Now, placing the patient in as easy a position as possible, and where each side of the thorax is equally supported, (for this is important in obtaining correct percussion sounds,) and using the middle finger of the left hand as a plessimeter, placing the inner surface flatly upon the part, I rap upon it with the ends of the fingers of the right hand, and you will please all observe the sounds, comparing

similar points of one side of the chest with the other. You observe that, wherever I rap, a considerable noise is produced, and in a person as thin as this, the skin drawn tensely over the ribs with no adipose substance intervening, considerable sound is elicited, though much consolidation exists beneath. The circumstance of the thinness of the patient must always be taken into the account in making percussion.

In comparing the two sides in front together, and the upper with the middle part of the chest, you observe that the sound is decidedly flatter on the left side, and at the apex of both lungs more than below. As tubercular disease usually commences in the upper part of the lungs, and particularly of the left, and goes on to a greater extent in these than other parts, the evidence from percussion goes to confirm the view already taken.

Placing a napkin over the chest, I apply my ear to various parts of it and observe carefully the sounds produced by respiration. Nowhere over the upper part of the chest do I hear the natural, breezy, vesicular murmur. An approximation to this healthy sound is heard in the lower part of the chest, and particularly of the right side, but even here it is somewhat roughened and jerking, and in some points exaggerated or puerile, and the length of the expiratory sounds approximate the inspiratory in nearly all situations. In the upper half of the right lung almost the only sounds detected are bronchial.

The patient breathes mostly with the lower part of this lung, and the greater portion of air inhaled and expelled passes through the right bronchial tubes. The lung intervening between these tubes and the ear is largely consolidated and rendered a good conductor, and the passage of the air through them is consequently distinctly heard. The beating of the heart for the same reason is heard almost as distinctly on the right side as more immediately over its seat upon the left.

On the left side other sounds are distinguishable. Besides the bronchial respiration which is heard, though not to as great an extent as upon the right, I discover, some two or three inches below the clavicle, a very perceptible gurgling sound; and now, after his coughing and expectorating a quantity of purulent fluid, I hear a blowing, amphoric sound, somewhat resembling the noise produced by blowing into a bottle. On asking him to count aloud, the voice seems to come up from this point directly to the ear, as though the stethoscope was applied over the larynx. This is called *pectoriloquy*, and taken in connexion with the blowing and gurgling is characteristic of a cavity.



Indeed, there seems to be more than one large cavity on the left side, while, if there be any on the right, they are smaller, and I did not detect them. At the apex of the right lung there is silence, the parts having become contracted and solidified, and impervious to the air.

These signs and symptoms leave no possible doubt of this man's being in an advanced stage of pulmonary consumption, and I have selected so plain a case for your early study, that you might receive distinct impressions of an unquestionable specimen. We shall find in other wards in the house several others which will doubtless be less distinctly marked, which you can compare with this on the one hand and with the healthy state on the other; and as your ears become accustomed to the sounds, I shall endeavor to point out other sounds, minuter shades and nicer distinctions than will be attempted in this case.

You will now as many of you, listen with the ear applied to the chest, and also with the stethoscope, as can do so without fatiguing and annoying the patient, saving, if possible, his strength, his patience and his good feeling. Reference must be had to the comfort and well being of the patient, as well as to your improvement and the cause of science. We shall watch the progress of his case, and hope for further opportunities of listening to his respiration and voice.

With regard to the treatment of Callaghan, as nourishing a diet as his stomach can digest, and such medicines from time to time as may palliate any symptoms that shall arrive, will fulfill all the indications now presented. No essential improvement can be reasonably expected. He occasionally has chills, followed by fever, with pain in his left side and sometimes bloody expectoration. These symptoms depend upon the excitement of a more acute inflammation about the tubercular masses and cavities, extending often to the pleura. In inflammations of this kind, dependent upon a local irritating cause, the presence of these tubercles, nothing, in my estimation, will quiet such inflammation and the symptoms dependent upon it so speedily and with so little mischief as opiates. Pretty decided doses, such as a quarter of a grain of Morphine, or more if the patient be not too weak and especially if accustomed to it, with a grain or two of Ipecac, if the stomach will bear it, repeated, if necessary, in four or eight hours, will not only relieve the pain, but subdue the inflammation and fever, or at least prevent the local irritation reacting upon the general system and inducing febrile symptoms. A dry cup or a sinapism may assist the effect, but nothing will take the place of the narcotic.

But few cases pass along with as little suffering, and progress as slowly as this has done. You will soon be introduced to other cases, where a variety of symptoms not presented in this are present, where the cough is much more severe and harrassing, and where continued hectic and diarrhœa are rapidly doing their destructive work.

Having examined Callaghan as much as he is at present able to bear, your attention is called to a case in one of the female wards, differing in a decided manner from his, but which we shall nevertheless find to be one of phthisis.

In entering a sick room the first thing you do is to look at your patient. We see here a young woman, apparently from the humble walks of life, of medium height, but rather slender form, who is quite thin and emaciated, with an anxious, suffering expression of countenance. Her breathing is very rapid and somewhat labored, and there is a blueness of her lips and duskiness of the skin, which indicates that the blood is imperfectly aerated. Her features are thin and rather prominent. The front teeth of the upper jaw are set upon a segment of a small circle, and this part of the jaw so far projects that she has difficulty in bringing her lips together, and these teeth are habitually and largely exposed. I call attention to this circumstance, because I have frequently observed this peculiar feature in consumptive cases. It is an item of conformation somewhat indicative of a consumptive tendency. As she speaks in response to questions, you observe her voice to be feeble, unsteady and interrupted.

After this superficial observation of her case, which an experienced practitioner would almost complete while approaching the bed, we will proceed to get such a history from herself as she is able to give.

Esther Cosgrove, age twenty-four, native of Ireland, house servant up to the time of her commencing illness in a family who still manifest an interest in the girl by one of their members visiting her daily. This circumstance speaks eloquently for the good qualities both of the girl and the family. Such facts are refreshing in this world of selfishness, and particularly as there is usually so slight a bond of union between hired "help" and their employers.

Several of her relatives, she informs us, have died of disease of the lungs. Her health was tolerably good, though she was never very strong, until about three months ago, when she thinks she took a cold, and has had a cough and been getting worse ever since. She has but little acute pain, though a severe feeling of "smothering," as she calls it, and when she is asleep, we learn from the other patients,



that she makes a very distressing, moaning, suffocating noise. Her cough is troublesome, and for some three weeks past expectoration has been abundant and muco-purulent. She has afternoon and evening fevers with morning sweats, and within the last few days diarrhoea, accompanied with pain and tenderness in the abdomen, rapidly wasting flesh and strength. Her tongue you see is red and glossy, but yet with a slightly sodden appearance. It is not dry, but covered in some parts with a slimy and frothy substance. The surface of the body is at present above the natural temperature and rather dry; her cheeks have a slight purplish flush, and her pulse is small and about 130 per minute. Her appetite is variable, and her food often gives her distress. The catamenia which were regular before, have not appeared since her illness commenced. She is not able to walk, is soon fatigued when sitting quite erect, and is more distressed for breath when lying down; her most comfortable position is half reclining.

These are the more prominent rational symptoms; the physical signs remain to be studied.

Upon inspection of the upper part of the chest, we find in this instance no remarkable depression or flatness, and one side is about as full as the other. The disease is not of sufficiently long standing to have produced excavations and contractions, and consequent falling in of any part of the walls. The motion of the ribs in the act of respiration at the upper part of the chest is but slight, though in healthy women during their active uterine life the principal part of respiration apparently takes place in the upper part of the lungs, at least the movement of this part of the chest is much greater in them than in the other sex, or after the uterine functions finally cease, after the climacteric period is passed.

On making percussion over the chest, we find a decided dullness particularly in the upper part, and rather more upon the left side than the right. If there was pleuritic effusion, there would be more dullness at the lower part of the chest, and it would be likely to be much more on one side than the other. Consolidation and consequent dullness might result from simple pneumonia, but in that case the middle and lower portion of the lungs would be the parts most likely to be affected.

On applying the stethoscope, no natural respiratory murmur can be distinguished in the upper part of the lungs, and it is more or less modified in all parts. Bronchial sounds are however heard in every direction, partly on account of consolidation of the lungs, and partly

because there is more or less compression upon or modification of those tubes, besides their being partly filled with matters which are being expectorated. We have here various rales or ronchi, principally moist, occasionally however dry, sibilant and sonorous. No gurgling or amphoric sounds are distinguished, and from the recent commencement of the symptoms we would not suspect cavities of any considerable size. The mucous and submucous rales heard might be produced by simple bronchitis, but in bronchitis these sounds are heard in all parts of the lungs—in one place scarcely less than in another—but in this case they are principally heard in the upper part, where tubercles are most likely to be deposited.

The history of the case, the appearance of the patient, the rational symptoms and the physical signs, all lead to the conclusion that the disease is tuberculosis of an acute variety, and we have reason to anticipate that its future progress will be rapid. The tubercles are undergoing the process of softening. The tubercular deposit is not confined to the lungs; the peritoneum and intestines are doubtless involved, causing the abdominal tenderness and diarrhoea.

The patient is taking powders of the Subnitrate of Bismuth and Opium, with the effect of controlling to some extent the pain and discharges, as well as allaying the severity of the cough; but there is a constant disposition to the return of the diarrhoea, and it frequently breaks through all restraints, and as the patient is capable of taking but little food, and tonics and stimulants do little else than produce irritation, there is not much to be done and less to be hoped. Palliation is all that is left.

Other cases you will see in their earlier stages, where there is hope of checking, if not of arresting their progress, and in connexion with your study of these cases at the bed side, we will take up in the lecture room the subject of tuberculosis in a more systematic manner, considering its pathology, its causes, its prevention and treatment. At present I have chosen to call your attention to only a few of the most obvious, but most essential facts presented in these cases.

NOTE.—The case of Barney Callaghan terminated fatally in about two months, and that of Esther Cosgrove in two weeks from the time they were the subjects of these clinical remarks.

---

M. BOUDAULT, in a paper lately presented to the Pharmaceutical Society of Paris on the subject of pepsin, states that it may be shown that chemical or artificial pepsin may very well take the place of the gastric juice, and may be considered among one of our most heroic remedies.



## ARTICLE II.

*Cases of Gestation and Parturition complicated with Uterine Disease; with Observations.*

The following cases may individually present points of interest, from the unusual complications manifested in each; they are reported, however, not especially for their novelty, but as illustrating the compatibility of uterine disease to a certain extent, with the normal physiological function of that organ; and hence its subordinate relations to that system, whose highest development towards the archetypal form, as exhibited in the human female, in the intimate association and connection of all its parts, represents the fullest importance of each link in this chain of connected organs; and further, as illustrating the amount of diseased action in the uterus which may complicate gestation without impairing the functions of the more important organs concerned in the same process, and so intimately connected not only by functional relations, but by contiguity and nervous sympathy.

The first case is reported with more complete detail, having been longer and more recently under observation, and with full notes. It presents some points of interest in its history and complications, other than its application to the above subjects.

## CASE I.

## GESTATION WITH ULCERATION AND HYPERTROPHY OF THE UTERUS.

Mrs. W. first came under my observation September 8th, 1856, for, as was supposed, excessive menorrhagia. Stated that she had been regular, as regards the time of its occurrence, for several months, but that it was generally immoderate in quantity. Complains of chills and flushes, nausea and vomiting after almost every meal, pain in the right hypochondrium, also soreness in the left iliac region and over the pubis, and aching about her loins, with frequent neuralgic pains down the thighs. Presents a sallow complexion.

The menorrhagia was controlled by appropriate treatment, and attention was then directed to the derangements of the digestive organs. Under a moderate course of Mass. Hydrarg., with counter-irritation over the liver, the tenderness disappeared from this region, vomiting and nausea ceased, the appetite returned, her complexion was improved, and her general health very much bettered. Still there remained the tenderness in the super-pubic and left iliac regions, and the pain in the back very much aggravated by exercise

which prompted to a more scrutinizing examination and inquiry into the history and symptoms of the case, by which I ascertained that there was and had been for many months a copious purulent discharge from the vagina, and also learned the previous history of her case, as related by herself, as follows:

Age about thirty-seven, married seventeen years. Presents at this time the appearance of a robust, healthy woman with sufficient embonpoint. Was very healthy up to the time of her marriage, since which she has been an almost constant invalid. Has miscarried *twenty times*, and carried three to full term, which latter were however either still-born, or died immediately after birth. At her full term labors, and also in the latter months of those pregnancies, had suffered greatly from dropsy of the womb, so much so, that premature delivery had been meditated by her attending physician. At her last delivery of a full term foetus the womb was forced down out of the vagina and returned with much difficulty. (Her own statement.) In her miscarriages the after-birth had often been brought away with difficulty, and at her last one the after-birth was attached and did not come away for seventeen days. Was very ill at this time with inflammation of the womb. Has had ever since then a discharge of pus from the vagina, frequently coming away in a gush on certain sudden violent movements, and frequently passes wind from the womb, (generated doubtless by decomposition of the contained pus). Was very loth to say much on this point for fear of being laughed at, as she stated she had been by other attendants to whom she has made the statement.

Examination with the finger per vaginam revealed a falling down into the vagina, and enlargement and thickening of the neck of the uterus. Examination by speculum revealed hypertrophy of the neck and epithelial abrasion, and it with the upper portion of the vagina bathed in pus; but no ulcerations about the parts open to inspection. The fundus uteri could also be felt externally, nearly on a level with the os pubis, and very sensitive to the touch. The difficulty was diagnosed as ulceration of the internal surface of the uterus, or an abscess within its walls. The idea of conception and a pregnant womb was not at this time entertained, not being regarded as compatible with the condition of the organ revealed; besides which, the monthly flow had regularly occurred, and there was the entire disappearance of the nausea, and the improvement in general symptoms.

Treatment was adopted about as follows: External irritation both over the womb and the lower spine, principally by Tartar Emetic



Ointment, the sores kept constantly open; Nitrate of Silver to the abrasions about the neck of the womb, as a local relief; and various injections, such as solutions of Argent. Nitras, Zinci Chloridum, Liquor Sodæ Chlorinatæ, 3i to Aquæ Destil. 3ii, from which latter more benefit was derived than from any other application of this kind. Internally, Syrup. Ferri Iodidi, Potassii Iodidum, &c. Perfect rest was enjoined.

Under this treatment there was great improvement in the local symptoms; it was persevered in up to about the middle of November, at which time the discharge had almost entirely ceased. There still remained, however, some tenderness, and it was observed that the womb had enlarged, was higher up, neither had there been any monthly flow since I was first called in, now exceeding two months; from which circumstances, though not persuaded that such was the case, in fact not at all disposed to believe it, yet it was thought a possible complication, if not probable, that conception had occurred. The injections were now discontinued.

Nov. 24th.—Has not been so well for several days back; a little feverish, and more soreness about the uterus; had a rigor to-day followed by fever and great aggravation of the pain, not of a bearing down character and such as is ordinarily premonitory of labor, but an exquisite soreness. Gave anodynes and applied an epispastic. The same phenomena were repeated the next day, followed in the evening by well marked labor pains, which were controlled by laudanum per orem et anum.

Nov. 25th, 7 A. M.—Found her quite comfortable; no return of pains during the night. 10 A. M., same condition. One hour afterwards was sent for with the message that the pains had returned. Went immediately, and found on my arrival a shrivelled and dried up fœtus of three months' development already expelled. The after-birth had not come away, and there were no further expulsive efforts of the uterus. Having essayed various measures unsuccessfully to revive the pains, including Pulv. Ergot. 3i in divided doses, I endeavored to introduce my finger, in order to detach the placenta; but the rigidity of the os was already so firm as to prevent its introduction. Later in the day an attempt was made by Dr. Pitcher to introduce the placental forceps, but unsuccessfully for the same reason. There had been scarcely any hemorrhage during the day. Dr. Pitcher, during his examination, diagnosed hypertrophy of the uterus. The only course which appeared indicated, was to await the efforts of nature, as she was compelled to do at her last miscarriage;

at the same time apprehensive of the effects of the decomposition which would be likely to ensue during the slow process of separation by softening, in view of the metritis which, from her own account, had been the consequence of this process before, and from which she had a tedious and difficult recovery. Having given directions, that she should have injections of tepid water daily, and that I should be sent for whenever hemorrhage should occur or the after-birth came away, I awaited further developments.

Nov. 30th.—Was sent for at 9 A. M., the messenger stating that the after-birth had come away at 5 o'clock, and she had been flowing very badly ever since then. On my arrival I found it was too true; cloth after cloth had been saturated, and the bed was in the same condition. The woman was ghastly pale, faint, and the pulse scarcely perceptible, and still there was no cessation. Vigorous measures were at once adopted. The womb was grasped by the hand, which was retained there, to excite contraction and prevent relaxation. Tilden's Fluid Extract of Ergot was given, combined with Tannin, a teaspoonful every ten to twenty minutes, to the amount of two ounces, by which powerful and speedily recurring pains were soon excited. The tampon was introduced, but was again expelled so soon as a clot was formed above it, by the powerful expulsive efforts. Tannin was given by injection after the expulsion of each clot, and by these combined measures the flowing was entirely checked by 4 P. M. Stimulants had to be given freely during the whole day and the succeeding night, the least movement occasioning excessive faintness and at times fainting. Next day reaction had set in favorably, and the woman made a speedy recovery.

Dec. 5th.—There has been a mixed discharge of blood and pus, gradually decreasing and now checked. The womb can still be felt above the pubis, tender to the touch, and there still exists soreness in the iliac region; otherwise she is doing well.

The points of interest which this case presents, and which are worthy a passing notice, are: 1st, that conception should take place, and the ovum effect its nutritive attachment, in the uterus so long and so greatly diseased, exhibiting the activity of the ovaries unimpaired, or at least of one of them; for from the amount of pain in the left iliac region it is probable that this one was sympathetically disordered even to the extent of impairment of its function, and it is an observation which has been frequently made, that this tenderness of the *left* ovarian region is quite a constant symptom of uterine disease. The subject has not yet been sufficiently elucidated.



2d. That labor was not induced by the injections employed for the space of two months, and occurring so soon after the discontinuance of this measure and after the cessation of the discharge.

3d. The difficulty in controlling the post-partum hemorrhage, probably from the hypertrophied condition of the womb, preventing contraction sufficient to close up the patent vessels, and which contraction, when finally induced, served to bring together the edges and close up whatever solution of continuity existed there.

#### CASE II.

##### GESTATION COMPLICATED WITH FIBROUS TUMOR ATTACHED TO THE UTERUS.

In the history of the following case I am indebted to Dr. Stewart. The details are not complete, owing to the time elapsed since its occurrence, and that no minute notes were taken at that time.

Mrs. J., negro woman, age about twenty-five, was taken with symptoms of labor August 2d, second labor. Had been a feeble, weakly woman for years. Her appearance at this time, from the enlargement of the abdomen, was that of full term pregnancy. The pains continued active during the day, but little progress was apparent. Examination revealed the os tinæ tilted up as by retroversion, to which cause the obstruction was attributed. Efforts to reduce this were unsuccessful, and on the third day the woman died from exhaustion.

Post mortem examination revealed a large fibrous tumor occupying and rising above the superior strait of the pelvis, with the uterus attached and imbedded in it. The attachment was to its posterior surface, which drew back and displaced the womb causing a retroversion. Within the cavity was found a blighted fœtus of about twelve weeks development.

#### CASE III.

##### GESTATION AND PARTURITION AT FULL TERM COMPLICATED WITH FIBROUS TUMORS OF THE UTERUS.

The following case occurred in the practice of Dr. R. S. Rice, to whom I am indebted for the notes.

Mrs. A., whose age was between twenty-five and twenty-eight, was taken in labor of her first pregnancy, and progressed to delivery without any untoward occurrence. There had been slight hemorrhage from commencement of pains, but not such as to excite any apprehensions, nor was the post partum hemorrhage excessive. There

was no failing of strength during her labor, and she had been in good health through her gestation; but a few days prior to her confinement expressed herself as in perfect health. Soon after her delivery complained of faintness; restoratives were applied, and she grew better. The attendant then left, having given directions for the continuance of the restoratives. In about five minutes was sent for with the message that Mrs. A. was supposed to be dying. He went immediately, having but a few minutes walk, and found her already dead.

Post mortem examination of the uterus revealed a number of fibrous tumors attached to the body of the uterus, varying from one to two inches in length, and from one-half to one inch in thickness, some of the color of the internal surface of the uterus, and others engorged and presenting the appearance of approaching ulceration, soft and discolored in spots. There was no internal hemorrhage; the child was borne alive and still lives.

Such cases as the above regarded from a certain point of view, are suggestive of observations upon some of the seemingly paradoxes of nature—that this organ, whose sympathies and influence over the whole organism of woman is such that comparatively slight abnormalities of structure or function render an individual's life one of constant misery and suffering, may yet tolerate within itself such an extent of disease as to endanger the life of the individual without being incapacitated for its own physiological office of gestation; that this organ, in reality so little essential to life that it may be extruded from the vagina, and that has been even extirpated with safety, may yet, by reason of a simple ulceration of its neck or by a partial retroversion, endanger life by its sympathetic influence on distant vital organs; that this organ, whose physiological function, even without organic disease, is often performed with danger to life, rendering premature delivery absolutely necessary, may yet bear its product of conception to full term and give it a viable birth, and yet be so diseased as to cause the death of the patient almost immediately after; and that all these remote effects may be so powerful, and yet not such as to excite diseased action in its correlated organs sufficient to prevent conception.

Such observations then, suggested by pathological conditions of this organ, lead us to and confirm the facts taught us also by physiological investigations and by comparative anatomy, in regard to the relations of this organ to others concerned in the function of generation, viz: its subordination to the more important and constant one of the ovaries, as taught by physiological investigations; that it is a super-



added one with the more elevated in the scale of development of animal organization, as taught by comparative anatomy.

This same truth is also indicated by the abnormities of extra-uterine pregnancies in the human female, in which the development of the ovum proceeds without any connection with this organ; from which it is evident, that the ovum is endowed, on its evolution from the ovary, with the germs of all the apparatus requisite for deriving its support from the maternal blood and for its complete development, and that the uterus serves only as a convenient nidus for its growth and development, is a modification of the oviduct adopted by special design by its capacity for dilatation, to this purpose.\* In accordance with which facts we find this organ being developed as a modification or expansion of the oviduct, which in mammalia receives the name of Fallopian tubes; and that we do not discover it until we approach the mammalia, although there are certain species of Batrachia Ophidia and Sauria which have a sort of uterine cavity formed by a dilatation of the oviduct near its extremity; and only by slow degrees does it reach the stage of development manifested in the human female, even in animals as high up in the series of placental mammals as the mare, ass, cow and pig, still presenting traces of the latteral coalescence of the two sets of organs, which in monotremata terminate separately in the uro-genital canal each having undergone dilatation into a uterine cavity, and in marsupiala have united to form a true double uterus.

E. P. CHRISTIAN, M. D.

---

### ARTICLE III.

---

*Reflections upon the Philosophy of Therapeutical Science,  
by a Practitioner.*

---

In looking over the theories and doctrines of the day, prevailing in the regular profession as well as among those who are without its pale, the following thoughts have been suggested, which may not be unworthy of the attention of those who are just entering the profession, or who have not made the ideas embraced, the subjects of reflection. Nothing is claimed in them as particularly novel or profound, they are doubtless such thoughts as have occurred to many; but as they should be familiar to all, and as "line upon line" is necessary to such familiarity, they are thrown out for the purpose of showing the absurdity of exclusive systems of practice.

---

\* Carpenter's Prin. of Comp. Phys.

In medicine as in every thing else there is a tendency in many minds to exclusiveness and extremes—a tendency to view subjects in a single aspect, to examine one set of phenomena, disregarding others no less important, to seek for single principles of universal application, to apply certain restricted rules to all cases. Examples of this tendency are met with in common life on every hand, and the whole history of medicine abounds in them.

With some, if nature be found capable of effecting the removal of disease in any case, she is forthwith considered competent to remove all diseases which admit of removal, or at least of indicating the mode of their removal by her curative efforts, and that diseases only require the assistance of art in the particular direction to which these curative efforts point. Now, that there is a recuperative power in nature, a spontaneous tendency in the vital principle to rid the system of disease and establish healthy processes, cannot be too strongly insisted upon, nor too constantly borne in mind; but it is by no means true that in all curable cases this vital principle is competent to the task, or that these efforts of nature in all cases furnish us any available or valuable indications of cure. It is not in the fullest sense true, that we are simply to second the efforts of nature in removing disease.

For an example: in inflammation of the stomach, though no irritating matters are in the organ, there is often a constant effort to vomit, and should we follow this effort of nature as a guide in treatment, we should administer an emetic, which in many cases would be most disastrous. Should, however, pain and irritation of the stomach depend upon the presence of offending matters there, these efforts at vomiting, did they exist, would need to be aided, and a proper emetic would remove the cause of complaint.

We must, indeed, consult nature and be guided by her teachings, but not so much in her medicating interference as in her signals and demonstrations of disordered action; we must learn to interpret her signs and evidences of derangement, and to ascertain how, to what extent and in what localities she is oppressed, and then *devise* and execute plans of relief and restoration.

Again, other minds regard the symptoms of disease—the external manifestations of morbid action, as all of the disease requiring attention—as the exclusive object of medical treatment, to be combatted or promoted according as they may adopt the antipathic or homœopathic system—the *contraria contrariis*, or the *similia similibus curantur*. But the enlarged and properly instructed mind looks beyond the symptoms to the morbid state of the system they indicate,



to the pathological conditions, and addresses remedial means to the removal of these conditions.

In accordance with this tendency to exclusiveness, some narrow and fanciful minds seize upon a single law or mode of cure, and regard it as of universal applicability; but a solid and observing intellect perceives that no exclusive law of cure is universal, that no one mode is applicable to all cases.

True medicine is based upon a knowledge of pathology, upon the nature of diseased actions, and the power which remedies possess in modifying those diseased actions. Symptoms are but the evidences of pathological states, the manifestations of morbid conditions, the effects of a deeper cause.

Does our pathology teach us that the cause of the symptoms in a particular disease is in the blood, that some of its elements are deficient, others are in excess, or that some substance is in it foreign to its normal condition? The indications are to increase the elements that are deficient, diminish those that are in excess, or destroy or eliminate those that should not be present; or if these objects cannot be accomplished, we must content ourselves with enabling the system to endure the evils, and then the modes of accomplishing these desirable objects must be considered.

Does our pathology teach us that in another case the suspended or imperfect action of a particular gland or other organ is the cause of the difficulty? The indication is to restore that gland or organ to its proper action, and the best means of doing so, from whatever source we may derive the knowledge of such means, is the course to be adopted.

Is a foreign body lodged within the flesh and there producing disturbance? The indication is to remove that foreign body, and we must set about it in the easiest, safest and most efficient manner within our power.

But if nature is capable of accomplishing these objects (and she often is) in as speedy and safe a manner as art, then we must leave her to herself. Or if the offending cause is of such a nature and so firmly seated as to require means for its removal more severe and dangerous than its continuance in the organism, then should there be no interference.

Our business is more with primary lesions, or *pathological conditions*, than with secondary lesions, or *symptomatic* changes, and in obtaining a knowledge of means to be used, we are restricted to no special source of information. The powers of nature should be care-

fully estimated; she should, indeed, be consulted, but more as a witness than as an adviser. When disease has usurped control, when the process of nature is deranged and she is thrown from her balance, the hand of art is often required to restore her to her proper sphere, and then her own powers will propel her in her course. When a railroad locomotive is by some obstruction thrown from the track, the working of its engine or the force of its momentum will often plunge it in deeper disasters, and foreign aid is required to restore it to its proper position. This foreign aid can only overcome the derangement, can check its career and put it upon the track. By its own power it proceeds upon its journey. The powers of nature alone can move the car of life on its natural way, in its most healthy course.

It is sometimes said that medicines never cure diseases, and the remark is true or not according to what is understood by the cure of a disease. Medicines and therapeutical processes are certainly capable of modifying diseased actions, and not unfrequently of suspending or destroying them, and in this sense may effect a cure; but the powers of nature alone are capable of establishing and sustaining healthy action. In the sense of effecting this object medicines proper do not cure.

The means for overcoming morbid action, for placing the vital locomotive upon its proper track are as various as the obstacles to be overcome; the direction in which the force is to be applied, must depend upon the circumstances of each case. No exclusive or universal system will apply. All such systems are necessarily absurd.

This is the simple and correct view of rational medicine, and from it all limited and exclusive systems are excluded. The true physician is bound by no circumscribed views or arbitrary rules, by no fanciful principles of pretended universal application. He is limited to no class of substances or size of doses. He may use anything or nothing, as he may deem best. He is at perfect liberty to follow reason and experience wherever they may lead. Is there an acid in the stomach? He may use an alkali to neutralize and remove it. Should the formation of acid therein be habitual from a more permanently deranged condition of that organ, he may use another acid for changing the condition of the stomach upon which the habitual generation of acid depends; or he may use another article, neither an acid or an alkali—a bitter tonic or an alterative for the same purpose.

Now in these three different modes of treating acidity of the stomach, either of which are open to and practiced by all true physicians, as different cases require, the three general methods or systems



of medical practice, as recognized by some writers, are embraced. The alkali for the acid stomach is antipathic—a remedy producing an effect opposite to the disease; the acid for the acidity is homœopathic—a remedy producing an effect similar to the disease; the bitter or the alterative for the acidity is allopathic—producing an effect different from, though not opposite to the symptoms of the disease.

From this it is seen that the term allopathy, applied to physicians by homœopaths, is a gross and slanderous misnomer, as we are not confined to that mode. We are in fact true eclectics, selecting from all modes and all means the true and the useful. The list of our therapeutic agents embraces every thing capable of affecting the system favorably in disease. Agents alike psychical and corporeal are embraced; internal actions of the mind, as well as external impressions upon the senses; the imponderable agents as well as the grosser substances; hygienic influences and mechanical forces, as well as pharmacological or medicinal substances proper.

Bound by no system, restricted within no narrow limits, we act in the full liberty which common sense, reason and truth allows. In this simple view of the subject, how puerile and absurd all restricted “systems” appear! How much in accordance with practical common sense is rational medicine! How pitiable are the gabblings of ignorant men and silly women about different *pathies*!

In a subsequent article other specimens of a disposition to exclusive notions among ourselves will be painted.

---

INVOLUNTARY PRODUCTION OF THE LACTEAL SECRETION BY ELECTRICITY.—Dr. A. Auber, of Macon, was applying the volta-faradic apparatus of Duchenne on the right breast of a woman who had been delivered seven months, who had not suckled. The object of applying it was to remove an anæsthesia of the skin. After the third application, the patient complained of being *as she was after her milk fever*, and obliged to cover her breasts, *both* of which moistened her dress. On the fifth application, some milk, of which a spoonful was collected, was examined by microscope. It seemed quite similar to that of a woman newly delivered.

Dr. Auber refers to a case in which the lacteal secretion was in like manner produced by M. Becquerel. He anticipates the possibility of thus making any woman fit to suckle.—*B. and F. Med.-Chirurg. Rev.*, April, 1857, from *L'Union Médicale*, Jan. 20, 1857.

## ARTICLE IV.

*Report on the forms of Disease which prevailed in Detroit, from the 1st of April, 1856, to the 31st day of March, 1857, made to the Medical Society of the State of Michigan, at its annual meeting in Ann Arbor.* By Z. PITCHER, M. D.

I fulfill but imperfectly the duty assigned me, in drawing up the following sketch of the nosography of Detroit, for the past year. Incomplete, however, as it is, if examined in connection with the meteorological tables with which it is placed in juxtaposition, it teaches an important fact, which is, that in disregard to the fluctuations of temperature and other recognised meteorological states of the atmosphere, there has been a pervading unity in the morbid constitution of the entire period, apparently irrespective of those influences which we ascribe to climatic peculiarities. The relations between the local affections attendant upon the febrile diseases and the temperature were apparent and appreciable. Not so of the type of fever of which they formed a part.

This same lesson, on careful inquiry, I presume will be found to have been taught at all of the great epidemic eras, from the time of Hippocrates to Sydenham, from Sydenham to Rush, and even down to our own day.

If atmospheric vicissitudes only, or such changes in its condition as are appreciable to the meteorologist, or of which we become conscious by our own sensations, or through the agency of the thermometer, the barometer, hygrometer and the rain-gauge, are to be looked to as the causes of epidemic diseases, we ought not to find that pathological consanguinity which binds great epidemics together to exist, but on the contrary, such varied and accidental developments of disease as fill up the interval between the decline of one epidemic cycle and the advent of another.

The great pestilential epochs are strongly affiliated in the constitution, and like dynasties in government, mark the period at which they appear, transmit their idiosyncrasies to their immediate posterity and leave the impress of their conspicuous points of character upon the age they appear in. These wear out in time, as do the physical peculiarities of those types of mankind to which we have just alluded, when the nations resume their nosological individuality, and the people of different countries and distinct portions of the same country, become liable only to such diseases as originate in their mode of life, and the variations of temperature, the hygrometric qualities of the



soil they cultivate, or the atmosphere they inhale. Without recognizing the existence of such a principle or cause of unity at one period, and the want of it at another, we feel embarrassed by every effort we make to put a scientific dress upon the subjects of nosology, and increase the labor incident to the successful treatment of diseases in epidemic visitations.

These remarks are not made with the design of depreciating the value of meteorological studies, or of detracting from the importance of careful inquiries into the geological structure of the country, its botany and zoology, the social condition of its population, and all other circumstances affecting the public hygiene; for by these means we may prevent in many cases the establishment of a predisposition to disease, and also escape the exciting causes which develop a large proportion of our epidemic diseases. Whilst then I would cultivate with assiduity the study of meteorology, I would also inculcate with the same earnestness, the belief that there lies outside of all those influences, a cause which has impressed the type of unity upon all the great epidemics that have swept over the world, however widely separated by time or divided by space. Whether this agent or power, or material or immaterial cause is telluric in origin or lies beyond our sphere, is no part of our present purpose to inquire.

In arranging the meagre materials which constitute this report, I have made a simple catalogue of the prevalent diseases in each month, placing them in such order as to show their numerical relation to each other, by the precedence given them in the catalogue.

At the close of each month I have given a sketch of one or more of the cases, or have added some remarks, by way of showing the *character* of the morbid affections then prevailing, not trusting to the *names* employed to produce that result. I make no use of numerals for the reason that I attach but little consequence to the numerical method of stating results in medicine.

The Society will please to keep in mind that this report is not made with a view to illustrate the importance of any particular mode of treatment, but to show the existence of a hidden cause, which stamps a family likeness upon all the morbid affections which show themselves during epidemic visitations.

APRIL, 1856.

Intermittent Fever,  
Typhoid Fever,  
Influenza,  
Erysipelas,

Arthritic Fever, or Rheumatism,  
Puerperal Fever,  
Puerperal Convulsions.

The prevalence of intermitting fever, at this season of the year, we regard as an extraordinary occurrence in the medical history of Detroit, and one not easy of explanation, especially as we find on looking back to our prescription book, that they were quite as prevalent in February as in April, and then not redevelopments of autumnal cases. In these cases, when the paroxysms were interrupted by 10 to 20 grains of the Sulphate of Quinine, a torpid state of the capillary vessels was sure to ensue, giving to the patient the aspect of one recovering from typhoid fever. This subduction of tone was common to the whole catalogue for the month, whether the case commenced as a typhoid fever, an influenza, or a rheumatism.

MAY, 1856.

Intermittent Fever,  
Typhoid Fever,  
Influenza,  
Arthritic Fever, or Rheumatism,  
Puerperal Fever, (Erysipelatous,)  
Uterine Hemorrhage,  
Dysentery.

Mr.—, after exposure to cold, having till then been in excellent health, was seized with rigors, on the 20th, which were followed by febrile reaction after a few hours, pains in the joints, and the general symptoms of fever. At this stage of his disease he placed himself under the care of a Homœo-hydropath, so that I did not see him till about the seventh day of his illness. When I was called in I found him with a hot skin bedewed with moisture, pulse frequent but without fullness or force, a red and dry tongue, the organs of secretion arrested, so that the alvine, renal and salivary evacuations were suspended. The larger joints were swelled and exquisitely tender, without the redness of phlogistic action. In the purple hue of the face, in the dryness and redness of the tongue, in the irritated condition of the bronchiæ, in the tenderness of the epigastrium, in the frequency and fullness of the pulse, and in the pungent heat of the body, notwithstanding the perspiration, this case was so closely allied to typhoid fever that I adopted a plan of treatment suited to that type of fever, by which all the symptoms of rheumatism were removed in the course of a week, without having given special attention to the local affection.



This consisted in simply re-establishing the biliary and other secretions by laxative doses of the hydrarg. c. creta, and producing a diaphoresis by administering a mixture of the liquid acetate of ammonia, syrup of ipecac and sulphate of morphia.

## JUNE.

Typhoid Fever,  
Influenza,  
Diarrhœa,  
Puerperal Fever,  
Puerperal Convulsions,  
Scarlet Fever,

Although constituting twenty-five per cent. of the whole number of cases which came under my observation during the month, typhoid fever appeared in its mildest form. The influenzas were intermittent, requiring the effect of Quinine, and some of them an epispassic to relieve the associated gastro-duodenitis.

## JULY.

Diarrhœa,  
Intermittent Fever.  
Dysentery,  
Typhoid Fever,  
Uterine Hemorrhage.

Mrs. L—— was confined on the 24th, her labor having been produced by an increased sensibility of the uterus, which caused it (the labor) to be rather premature and very precipitate. Apprehending puerperal fever, her system was kept steadily under the influence of antiperiodics, by which the violence of the symptoms were warded off. Gastro-duodenitis ensued, and the other symptoms of typhoid fever, with subacute inflammation of the mamma. The cases of dysentery were attended with the same grade of action.

## AUGUST.

Diarrhœa,  
Dysentery,  
Intermittent Fever,  
Typhoid Fever,  
Cholera Morbus,  
Erysipelas,  
Tetanus,

preceded by uterine hemorrhage at the decline of menstruation. The hemorrhage being an attendant upon fibrous enlargement of the organ.

## SEPTEMBER.

Typhoid Fever,  
Intermittent Fever,  
Diarrhœa,  
Erysipelas,  
Puerperal Fever.

In our cases of typhoid fever which occurred during September, there were none of extraordinary violence or special malignity. This remark does not apply with equal force to the cases of puerperal fever, one of which is so decidedly at war with the idea that this disease is a private pestilence, that I place it on the records of the society.

Mrs. B—y had the premonitory signs of labor on the 5th. Pressure upon the abdominal parieties excited acute pain. This condition of the organ and the passing of the cord around the neck of the child prevented the head from engaging in the superior strait for forty-eight hours, during which time puerperal fever was already established. After the head became engaged, the labor was rapid and the attendant pains excruciatingly severe. Asphyxia immediately followed the termination of the labor and death in thirty-six hours.

## OCTOBER.

Typhoid Fever,  
Intermittent Fever,  
Diarrhœa,  
Dysentery,  
Scarlet Fever,  
Erysipelas,  
Laryngitis,  
Influenza.

This month was remarkable for the blending of the symptoms of scarlatina and erysipelas with laryngitis; most of those that came under my observation, proved suddenly fatal. No opportunities were afforded for post mortem exploration.

## NOVEMBER.

Typhoid Fever,  
Diarrhœa,  
Intermittent Fever,  
Erysipelas,  
Neuralgia,  
Bronchitis,  
Rheumatism.



Typhoid fever still predominates. Erysipelas has not invaded the air passages so frequently as it did in October; instead of that it has been seen blending itself with rheumatism. A common grade of action is seen to have run through all diseases of the month.

## DECEMBER.

Typhoid Fever,  
Pharyngitis, or rather  
Pharyngo-Laryngitis,  
Neuralgia,  
Rheumatism,

in one instance blending with erysipelas.

Mrs. P—t, after an evening's exposure with insufficient clothing, was seized with the ordinary symptoms of rheumatism. The attendant fever soon became continued and typhoidal, characterized rather by frequency than force of the pulse, and a migratory inflammation of the joints in both the upper and lower extremities. The bowels were costive, and the urinary secretion scanty and high colored, but without the usual lateritious sediment. No measures taken to ascertain whether the urine would exhibit an acid or an alkaline reaction. Very little change in the symptoms was produced by treatment till the seventeenth day, when they were generally relieved, and especially the local ones by the appearance of erysipelas on the dorsum and side of the foot.

## JANUARY, 1857.

Influenza,  
Typhoid Fever,  
Rheumatism,  
Puerperal Fever,  
Diarrhœa,  
Erysipelas,  
Intermittent Fever,  
Scarlet Fever.

As the accompanying meteorological table ends with the months of December 1856, we will here remark that the weather was very cold during the months of January and February, and with a less intensity lingered into April.

In the two first months the inflammations of the air passages and of the pharynx were more deeply seated than is usual in epidemic influenza, owing no doubt to the character of the antecedent congestions produced in those structures by the influence of a very reduced temperature of the air upon a typhoid diathesis.

One case of puerperal fever was attended with erysipelas in the popliteal space and in the mammary glands. The infant also had erysipelas.

## FEBRUARY.

Laryngitis (50 per cent.),  
Scarlet Fever,  
Erysipelas,  
Influenza,  
Rheumatism,  
Neuralgia.

Those affections of the throat which in January could be grouped under the head of influenza, now became cases of acute laryngitis, some terminating fatally with frightful rapidity, death in those instances being occasioned by an acute œdema, and not by plastic exudation as in true membranous croup.

The most extraordinary intermingling of genera noticed this month was in the co-existence of gout and typhoid fever in the same patient. During the severely cold weather of January and February I met with three cases of apoplexy in aged men, apparently occasioned by the low temperature of the atmosphere. A gentleman in the vigor of middle life, after riding several hours in an open sly, had a temporary paralysis of the arm most exposed to the weather, and a congestion of the brain requiring copious venesection.

## MARCH.

Typhoid Fever,  
Influenza,  
Laryngitis,  
Scarlatina (with Croup),  
Bronchitis,  
Rheumatism,  
Erysipelas.

What distinguished March nosologically from the other portions of the year we have just past in review, was the concurrence of scarlet fever and laryngitis in numerous instances, showing how the local affections attendant upon zymotic diseases derive their origin from the meteorological influences of the locality in which they make their appearance.



*Summary of Meteorological Observations for each month of the year 1856, taken from the Meteorological Register kept by REV. DR. DUFFIELD, at Detroit.*

	BAROMETER.			THERMOMETER.			WINDS.	RAIN.
	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	General Course.	Am't for Month.
JANUARY.								
Sums,	919.83	919.00	919.53	319.00	640.00	465.00	Southerly and Westerly	0.895
Average,		29.672		10.29	20.64	15.00		
Maximum,		30.20		26.00	30.00	29.00		
Minimum,		29.25		—20.00	—2.00	—11.00		
Mean,		29.725		3.00	14.00	9.00		
Range,		.95		6.00	28.00	18.00		
Total Average,		29.659			22.84			

Hygrometric Observations—Mean of Dry Bulb 5, Wet Bulb 8.

<b>FEBRUARY.</b>								
Sums,	855.53	855.79	856.20	338.00	700.00	451.00	South and West.	1.501
Average,	29.501	29.507	29.524	11.65	24.13	15.24		
Maximum,		29.98		34.00	40.00	29.00		
Minimum,		28.79		—12.00	0.	—10.00		
Mean,		29.385		11.00	20.00	9.5		
Range,		1.19		46.00	40.00	39.00		
Total Average,		29.523			17.08			

Hygrometric Observations imperfect; as far as taken, Mean of Dry Bulb 10, Wet Bulb 10.

<b>MARCH.</b>								
Sums,	917.21	917.64	918.07	565.00	841.00	722.00	North and West.	0.622
Average,	29.587	29.60	29.61	18.22	27.01	23.00		
Maximum,	29.97	30.04	30.09	34.00	45.00	34.00		
Minimum,	29.10	29.19	29.39	—10.00	6.00	—7.00		
Mean,	29.525	29.615	29.74	12.00	25.05	20.05		
Range,	.87	.85	.70	44.00	39.00	41.00		
Total Average,		29.586			22.76			

Hygrometric observations not taken.

<b>APRIL.</b>								
Sums,	887.77	886.89	887.46	1287.00	1714.00	1287.00	Westerly and South.	3.393
Average,	29.60	29.56	29.582	42.09	57.01	42.09		
Maximum,	30.06	30.04	29.88	64.00	74.00	64.00		
Minimum,	29.20	29.16	29.20	28.00	36.00	30.00		
Mean,	29.63	29.61	29.54	46.00	57.05	47.00		
Range,	.86	.88	.68	36.00	43.00	34.00		
Total Average,		29.556			45.04			

Hygrometric Observations—Mean of Dry Bulb 56, Wet Bulb 47.

<b>MAY.</b>								
Sums,	916.84	912.13	917.27	1681.00	1984.00	1585.00	North and East.	4.787
Average,	29.575	29.58	29.585	54.22	63.03	51.12		
Maximum,	29.84	29.88	29.84	86.00	88.00	80.00		
Minimum,	29.26	29.28	29.32	42.00	48.00	39.00		
Mean,	29.55	29.555	29.61	64.00	68.00	59.05		
Range,	.58	.55	.52	44.00	40.00	40.05		
Total Average,		30.569			54.16			

Hygrometric Observations imperfect; as far as taken, Mean of Dry Bulb 51, Wet Bulb 47.5.

<b>JUNE.</b>								
Sums,	886.97	886.47	886.87	2063.00	2321.00	1971.00	South and Westerly.	14.856
Average,	29.565	29.549	29.562	68.07	77.36	65.07		
Maximum,	29.70	29.69	29.72	84.00	95.00	79.00		
Minimum,	29.33	29.33	29.31	48.00	54.00	48.00		
Mean,	29.515	29.51	29.515	66.00	74.05	63.05		
Range,	.37	.36	.41	36.00	41.00	31.00		
Total Average,		29.557			69.05			

Hygrometric Observations imperfect; as far as taken, Mean of Dry Bulb 70, Wet Bulb 66.

	BAROMETER.			THERMOMETER.			WINDS. General Course.	RAIN. Am't for Month.
	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.		
JULY.								
Sums,	918.84	919.24	918.21	2208.00	2605.00	2131.00	South and Westerly.	3.568
Average,	29.64	29.65	29.63	73.16	84.03	70.64		
Maximum,	29.98	29.98	29.90	84.00	86.00	82.00		
Minimum,	29.21	29.27	29.28	44.00	72.00	56.00		
Mean,	29.595	29.625	29.59	64.00	84.00	69.00		
Range,	.77	.71	.32	40.00	24.00	26.00		
Total Average,		29.643			29.49			

Hygrometric Observations—Mean of Dry Bulb 76.5, Wet Bulb 69.

<b>AUGUST.</b>								
Sums,	918.03	918.14	918.00	2000.00	2378.00	2039.00	Southerly and Westerly	0.953
Average,	29.61	29.61	29.61	64.51	76.70	65.77		
Maximum,	29.98	29.98	29.86	78.00	90.00	79.00		
Minimum,	29.15	29.32	29.35	52.00	67.00	54.00		
Mean,	29.56	29.65	29.605	65.00	78.05	66.05		
Range,	.33	.66	.51	26.00	23.00	25.00		
Total Average,		29.80			69.00			

Hygrometric Observations not taken.

<b>SEPTEMBER.</b>								
Sums,	888.06	887.63	887.65	1646.00	2071.00	1681.00	South and Easterly.	3.629
Average,	29.60	29.58	29.58	54.08	69.00	56.00		
Maximum,	29.89	29.89	29.85	77.00	90.00	73.00		
Minimum,	29.30	29.29	29.27	40.00	46.00	40.00		
Mean,	29.595	29.59	29.56	.585	.68	.565		
Range,	.59	.60	.58	37.00	44.00	33.00		
Total Average,		29.59			59.96			

Hygrometric Observations—Mean of Dry Bulb 64, Wet Bulb 58.5.

<b>OCTOBER.</b>								
Sums,	920.65	920.16	920.97	1321.00	1826.00	1443.00	South and Westerly.	2.487
Average,	29.69	29.68	29.79	43.58	58.90	46.54		
Maximum,	30.07	30.04	30.01	58.00	82.00	62.00		
Minimum,	29.27	29.31	29.31	26.00	33.00	30.00		
Mean,	29.67	29.67	29.66	42.00	57.05	46.00		
Range,	.80	.73	.70	32.00	49.00	32.00		
Total Average,		29.69			49.35			

Hygrometric Observations—Mean of Dry Bulb 53, Wet Bulb 48.5.

Observations of this month imperfect throughout; as far as taken, calculations for the month have been made as follows:

<b>NOVEMBER.</b>								
Sums,	266.58	266.46	265.67	256.00	338.00	259.00	South and Westerly.	4.533
Average,	29.62	29.60	29.51	26.04	37.00	28.00		
Maximum,	29.96	29.88	29.86	38.00	44.00	40.00		
Minimum,	29.20	29.32	29.28	22.00	32.00	28.00		
Mean,	29.58	29.60	29.57	30.00	37.05	34.00		
Range,	.76	.56	.58	16.00	13.00	12.00		
Total Average,		29.56			31.58			

Hygrometric Observations—Mean of Dry Bulb 24.5, Wet Bulb 32.

<b>DECEMBER.</b>								
Sums,	918.97	918.97	919.71	714.00	852.00	759.00	South and West.	3.425
Average,	29.64	29.64	29.66	23.09	27.47	24.48		
Maximum,	30.25	30.19	30.21	40.00	41.00	41.00		
Minimum,	28.59	28.58	28.93	8.00	16.00	10.00		
Mean,	29.41	29.58	29.59	24.00	28.05	25.05		
Range,	1.64	1.61	1.23	32.00	25.00	31.00		
Total Average,		29.65			25.00			

Hygrometric Observations not taken.

Whole amount of Rain for the year 44.649 inches.



## ARTICLE V.

*From our Chicago Correspondent.*

One of the dentists of this city makes a timely suggestion, which I will repeat for the benefit of your readers. It is that there is a great want of caution in physicians in prescribing acids, and the teeth in consequence suffer serious injury. He says that he finds cases where he knew the teeth to be sound previously, in which, after having taken mineral acids at the prescription of respectable physicians, the patient's teeth speedily become pitted in numerous places with holes and carious spots, and this too notwithstanding the usual precaution of taking the medicine through a glass tube. He thinks it a matter of importance and advises that in all cases the patient should not only take the medicine with a tube, but also after each dose should wash the mouth with an alkaline solution, to neutralize any acid that may remain in it.

An incident occurred here a few days ago, which illustrates the amount of faith which homœopathists have in their own system. One of our prominent physicians was in a drug store talking with the apothecary respecting certain prescriptions on his file which were not signed, but which he found to come from a certain well known homœopath of this city, and which directed solid anti-Hahnemannian treatment. While the conversation was in progress, the veritable homœopath himself came in, and stepping up to the apothecary requested, *that, when any of his prescriptions came in, the apothecary would not preserve it on his file and record, but destroy it.* The name of this man can be given. Another homœopath here, who is notorious for strong doses, was lately dangerously sick, and was not willing to trust to his own remedies for cure, but took in addition good substantial doses on other than *similia similibus* principles.

I saw not long since a case of dissection wound in a butcher, who received the poison from his meat. He scratched his hand with his knife while cutting a piece for a customer, and as the result, the lymphatic vessels evolved a streak of inflammation from the hand to the axilla, precisely as I have often seen occur in the dissecting room. He had no efficient treatment, but the poison probably being weak or the system strong, the disease expended itself and subsided without any further progress. I could not trace the history of the meat from which the poison came.

Your editorial remarks in your last number on the testimony given in the abortion case, have elicited decided commendation from phy-

sicians in this city. It is a matter of regret here that any men among us could be found to give testimony such as you reviewed.

Mr. Kennicott, the young naturalist, who has been employed to collect a museum for the N. W. University, has just returned from an expedition to the Red River of the North. He penetrated some distance into the British possessions and examined the zoology of that region. He found the reindeer quite down to the United States boundary, notwithstanding Prof. Agassiz' theory of zoological provinces. He also ascertained from hunters, that the buffalo is found North up to or beyond the arctic circle, and what is an interesting fact, in those extremely cold regions these animals adapt themselves to the climate by frequenting the woods and avoiding the open plains, whereas in this latitude they always avoid the woods and keep to the open prairie. He also found abundantly in the waters about St. Pauls, Minnesota, the same species of fresh water shells as occur in Florida. Furthermore, the same shells to a considerable extent were found in Red River, which occur in the streams of Illinois. These facts seem to me to militate against Prof. Agassiz' theory that animals of any given species seldom are found beyond the limits of certain geographical boundaries. X.

---

#### *Fracture of the Acromion Process.*

---

A fracture at the base of the Acromion Process presented on the 8th of August in a blacksmith, shoeing a horse which laid down on him and crushing him upon the nail box. Respiration was suspended for some fifteen minutes. No other serious injury. The patient was a thin, spare man, and the fracture was readily detected, although the displacement was slight, owing to little or no laceration of the soft parts. Dressed with Welsh's shoulder apparatus, and arm suspended in a sling, so as to relieve all pressure from the acromion. At present time has perfect use of the arm, and no perceptible deformity.

To me this accident is new, and I have not been able to find this accident on record. In Cooper's fractures and dislocations, p. 347, is a plate where the point is fractured. Eve's surgical cases contain no record of the fracture at the base. Should you have knowledge of any recorded case, please inform me.

If this case possess interest worthy of notice, you are at liberty to publish it with such remarks as you think proper.

Truly Yours,

HAGARSTOWN, Sept. 28th, 1857.

CALVIN WEST, M. D.



## SELECTIONS.

## THE INFLUENCE OF OCCUPATION ON MORTALITY.

The attempts hitherto made to determine the influence of professions on health are greatly reduced in value, in consequence of the inadequate data on which they are based. If Ramazzini and Thackerah could have known the facts of the last census, the observations resulting from their scientific and benevolent labors would have had the authority of natural laws. That census sheds the light of statistical truth on the relation of professions and occupations to mortality, and brings out truths which no less extensive investigation would enable the most sagacious observer to anticipate.

It will be an incalculable advantage to obtain, by means of the next census, a scientific deduction as to the effect of each kind of occupation on mortality. As the initial step has been taken, we may expect it will be followed by others, in a path which, if beset with difficulties, cannot be traversed without leading to the most important and beneficial discoveries.

The last census report gave the number of persons in each occupation in 1851, and the fourteenth annual report of the registrar general shows the numbers in these occupations dying at corresponding ages. In this early attempt to arrive at the ratio of occupation to the rate of mortality, it has been found that a difficulty arises from the want of definition of the various occupations, sufficiently clear and determined—a difficulty which can be overcome by giving more detail to future census operations. It is, for example, found impossible to distinguish the rate of mortality among the different classes engaged in the manufacture of silk, of cotton, of linen and of woollen, as great numbers of them are grouped together under the designation of “weaver;” “miners,” whether in lead, iron, copper or coal mines, fall under one general designation; and “laborers” in the field or rail ways, in quarries and on the roads, are not distinguished from each other in the registers.

Still there are certain occupations sufficiently defined to obviate all danger of their being confounded, and whose rate of mortality can now be recorded with certainty. We give these classes at the decennial period, ranging from 45 to 55,\* as arranged in a table which shows the advancing rate of mortality in twelve occupations.

1. *Farmers.*—Of the twelve classes under consideration farmers are the longest lived, their rate of mortality being not quite 12 in 1000 (11.99). The number of English farmers of all ages, 1851, including 2429 graziers, was 225,747, of whom there were 53,608 between the ages of 45 and 55. In that year the total number of deaths among farmers of all ages was 6426, very much below the numbers which would have been registered, had these individuals

\* The decade from 45 to 55 is the only age to which the census returns have been applied in the fourteenth annual report of the registrar general. We shall have still more important results when these returns are applied to earlier ages.

been engaged in other pursuits. These facts prove that the pure air, the daily exercise, the substantial fare and the other aids to health enjoyed by this substantial class, considerably modify the influence of unfavorable weather, bad seasons, open ports, peculiar burdens on land, and all the other ruinous things which farmers' friends have been accustomed to depict in such gloomy colors.

2. *Shoemakers* hold the next place to farmers, their rate of mortality between 45 and 55 being 15.03 in 1000. They are followed by

3. Weavers,	-	-	-	-	15.37 in 1000
4. Grocers,	-	-	-	-	15.79 "
5. Blacksmiths,	-	-	-	-	16.51 "
6. Carpenters,	-	-	-	-	16.67 "
7. Tailors.	-	-	-	-	16.74 "
8. Laborers,	-	-	-	-	17.30 "

As will be seen on inspection, there is among these seven occupations a gradual increase in the rate of mortality, which, considering their great diversity, is quite remarkable. The near approach of these occupations to each other in the scale of mortality arises from the circumstance that they have peculiar dangers which tend to counterbalance each other. Thus it is to be noticed that the "tailor is not exposed to the explosions which are fatal to the miner, and the laborer has exercise which is denied to the tailor."

Ascending this scale of danger, we pass to

9. Miners,	-	-	-	-	20.15 in 1000
10. Bakers,	-	-	-	-	21.21 "
11. Butchers,	-	-	-	-	23.10 "
12. Inn-keepers,	-	-	-	-	28.34 "

A great disparity is observable in passing from laborers into the class of miners, telling a tale of dangers, many of which result from criminal neglect. Between laborers and the last four classes in this table there is a most remarkable hiatus. In the classes previously noticed the difference in no case is no more than one in a thousand, and in some instances less. Here the difference begins with three, and mounts up to nine in a thousand.

The returns show that the highest rates of mortality are found among the butchers (23.10 in 1000), and the class of inn-keepers and licensed victuallers (28.34 in 1000).

The extraordinary mortality of butchers is a fact for which we are indebted wholly to the last census. The "red-injected face" of the butcher has produced a wrong idea as to the healthy nature of his occupation. This idea is now corrected by scientific induction, and proper sanitary means will overcome the evil thus brought to light. To quote the significant remarks in the report conveying this fact, here is an important problem for solution: "On what does the great mortality of the butcher depend? On his diet, into which too much animal food and too little fruit and vegetables enter? on his drinking to excess? on his exposure to heat and cold? or, which is probably the most powerful cause, on the elements of decaying matter by which he is surrounded in his slaughter-house and its vicinity?"



If the rate of mortality among inn-keepers, licensed victuallers and beer-shop keepers should be seized with avidity by the advocates of teetotalism, they must not be forbidden its use; at the same time they must be reminded, that "many highly respectable men of this class lead regular lives and are of steady habits; but others, exposed by their business to unusual temptations, live intemperately and enjoy less quiet at night than the rest of the community. They are exposed also to zymotic diseases, by intercourse with large numbers of people."

Startling and painful as are these disclosures, they cannot be too widely published. They have a practical value among those who deal with the averages of life, for commercial or benevolent purposes; while to those more specially concerned, they show the necessity, for their own safety, of employing the measures by which unnecessary disease and premature death may be obviated.—*Med. Times & Gaz.*

---

#### CANCER CURES AND CANCER CURERS.

Mr. Spencer Wells publishes in the *Medical Times and Gazette*, a lecture on cancer cures and cancer curers. The article is of great length, and is well worthy of perusal; being full of interesting facts relating to the history of this form of empiricism. We make a few quotations:

"This notion of the *roots* of cancers leads me to say something about Plunket and Guy, cancer-curers of the past century, who adopted it—just as it has been adopted by two American physicians, Dr. Pattison and Dr. Fell, who have treated cancers by secret remedies in London for some years past. The notion is that, their applications not only destroy the tumor itself, but penetrate, by a sort of intelligent power, or elective affinity, in certain directions, corresponding exactly with these supposed roots of cancer—eating away or drawing out those roots, without affecting the sound flesh into which they are engrafted. On removing such tumors they show filaments of hardened cellular tissue, or portions of subjacent muscle, keeping up the connexion; and on the tumors they preserve in bottles, they show similar prolongations, or shreds, hanging into the spirit in which the tumors are preserved. These are, in all probability, merely portions of the surrounding tissues which have been destroyed by the action of the caustic. Possibly these supposed roots may have given rise to the term "cancer."—the crab holding firmly with its claws the prey it had grasped. However this may be, you can see at once how likely such reasoning is to effect the imagination of patients.

"Plunket practised as a cancer-curer in London, in the early part of last century. He is said to have known little or nothing of surgery in general, and to have practiced from the traditionary directions of his namesake, formerly an empiric in Ireland, who left the receipt for his medicine, with directions for its use, to Stevens's Hospital. Guy, who was a member of the 'Corporation of Surgeons,' purchased the secret of Plunket about 1754, and in his account of the medicine says, it has been known by the name of 'Plunket's Poultice,' and had

been used by Plunket and his ancestors for more than a century. A controversy took place between Guy and Gataker, and in the *Lloyd's Evening Post*, March 5th, 1760, old Plunket gives his own receipt, as follows:—

“Crow's foot, which grows in low ground, one handful, well pounded.

“Dog fennel, three sprigs, well pounded.

“Crude brimstone, three middling thimbles-full.

“White arsenic, the same quantity. All incorporated well in a mortar, then made into small balls, the size of nutmegs and dried in the sun.

“Sir Charles Blicke, with whom Abernethy served his apprenticeship, used Plunket's caustic very much in the treatment of cancerous sores, and his pupils used to be employed in gathering ranunculus and dog fennel, and making them into paste.

“It is curious to remark how imitative even great discoverers may be. The escharotic effects of arsenic had been known to the Greek and Roman physicians—they had not been forgotten in the Middle Ages. The mineral had been used for centuries in the removal of cancerous diseases. Plunket adds some crow's-foot and dog-fennel to it, and becomes a great cancer-curer in London. The chloride of zinc is proved to be an excellent caustic by Hancke, Canquoin, Alexander Üre, and others. They even use it to remove malignant growths. Dr. Fell adds some *Sanguinaria canadensis* to it, and four gentlemen of the very highest character and professional position, expressing no disapproval of the use of a secret remedy, and without trial of the unaided powers of the vegetable, publish a certificate on Dr. Fell's ‘mode of treatment,’ complimenting it as ‘ingenious, safe, and easy of application.’

“It was Guy's caustic or rather Plunket's paste, that killed Lord Bollingbroke, and many others were poisoned by the local use of arsenic; yet this did not prevent Lord Arundel from buying the recipe from the wife of a blacksmith, so ignorant that she could not sign her name, but a noted cancer-curer, named Elizabeth Fellow.—This was long known as Lord Arundel's Cancer Cure. It was an arsenical powder, and a wash of corrosive sublimate, and no doubt killed a great number of poor women. However, like Plunket's paste, a great many cancerous and other tumors were removed entire by it; and Mr. Justamond, who was Surgeon to the Westminster Hospital some seventy or eighty years ago, tried them both very extensively, arriving at the conclusion that the advantage gained did not compensate for the risk incurred. It is curious to find how Mr. Justamond anticipated much that has been going on in London during the last three or four years by cancer-curers, and it may be worth while to read you rather a long extract from a pamphlet he published in 1780, giving an account of his experiments. \* \* \* \*

“Landolfi, a Neapolitan Physician, may be looked upon as the prince of cancer-curers. He has been decorated with Orders of Knighthood by Sovereign Princes, has been alternately flattered and abused, and has made an immense fortune. He made no secret of his plan. ‘Landolfi's paste,’ as his caustic was called, was com-



posed of equal parts of the chlorides of zinc, bromine, gold, and antimony, made into a paste with flour or liquorice powder. Sometimes he used the chloride of bromine alone, using it both externally and internally; and when the slough had been formed, he used lettuce poultices till it separated. There can be no doubt that Landolfi removed an immense number of cancerous tumors by his paste in Italy, Germany, and France, and that healthy granulations sprung up, and firm cicatrices very often resulted. He used to assert that out of four thousand cases of cancer he had treated, the disease had not recurred in three thousand. This is what he *said*. He never offered anything like *proof* of the truth of this statement, and when his caustic was tried in the hospitals of Vienna and Paris, the conclusions arrived at were that it was decidedly inferior to the chloride of zinc. Landolfi went himself to Paris, and a number of patients were treated by him in the Salpêtrière, under the inspection of a committee of hospital surgeons. Their report was published, and my colleague, Dr. Deville, has just favored me with a copy. The conclusions are, that the chloride of bromine, which is the only peculiarity in Landolfi's treatment, is quite useless as an internal remedy, and that locally it only acts as a blister, raising the epidermis and exposing the denuded part to the action of the chlorides of zinc and antimony; acting, you observe, just as the ranunculus did in Plunket's paste, the nitrate of silver as used by Justamond, or like any common blister. The committee reported that the pain produced by this caustic was excessive, and that it did not secure the patients from the danger of erysipelas or hemorrhage. Landolfi does not appear to have been more successful in Germany and France."

\* \* \* \* \* "Dr. Pattison, as you may be aware, some three, four or five years ago, occupied much the same position in London that Dr. Fell does now. Both are physicians with American diplomas, who have professed to cure cancer by secret remedies, who have treated a great many patients, and have published accounts of their treatment. The difference between them is, that Dr. Fell has at length made known the composition of the remedy he employs, while Dr. Pattison has not; although it is pretty generally believed, and not without ground, that the essential part of his preparations was the dried sulphate of zinc, which Dr. Simpson showed in the *Medical Times and Gazette* a few months ago was a most useful caustic."

After some remarks on the comparative utility of caustics and the knife, and showing that an absolute cure cannot be expected from either, he asks, "what are we to do?"

"In attempting to reply to this, let me give you the rule at which I believe our best and most experienced surgeons have arrived as to the use of the knife. It is, not to use it in the early stages of cancer—not to use it unless the cancer is actually ulcerated, or growing so fast that the skin is about to give way. In such cases, especially where an open cancer gives great pain, and is wearing away the patient by bleeding or profuse foetid discharge, the knife is used in the hope of relieving suffering, and prolonging, not saving life.

In some other cases, where a cancer causes great mental anxiety to a patient, you may remove it at her earnest entreaty, after explaining fairly the danger of relapse. I should speak here of the knife and caustics in the same terms, as in many cases it will not much signify which you select. In some cases, where the situation of the growth is such that the knife cannot be used safely, caustics are decidedly preferable. In others again, where time is a great object, you would choose the knife. It is sometimes a good rule to leave the choice to the patient, representing fairly the advantages and disadvantages of the two methods. If you decide upon using caustic, I think all the evidence before us goes to prove the chloride of zinc to be the most effectual and safest yet employed; that it is a matter of great indifference whether it is employed as a paste or in solution; but that its action is considerably hastened by scoring through the slough, as Justamond did, down to the living tissues beneath, so that they are not protected by the slough from the action of the caustic. This scoring is not so necessary when the chloride is used in solution as when it is used as paste, after destroying the skin by nitric acid; and it is not at all necessary, if you use a pair of galvanic plates as your caustic. If you place a piece of zinc on any raw surface and a piece of silver near it, connecting the two by a silver wire, the part covered by the zinc is destroyed very rapidly, and the slough formed is a very soft one, which is easily sponged away. I saw a case of cancer of the breast in a lady in 1854, with Dr. Lawrance of Connaught square, in which we decided, on consultation, to adopt this method, and Dr. Lawrance carried it out most effectually. I should not be at all surprised to hear that the next great empiric who appears in London will profess to cure cancer by galvanism.

"Looking, therefore, upon both the knife and caustics only as the means of removing cancerous growth under certain exceptional conditions, what are we to do in the early non-ulcerated stages of cancer? This opens a very wide subject, which it is quite impossible to treat in a single lecture; but I must point out to you that we can do a great deal more towards arresting, even curing cancer, than is generally believed—that our art is not nearly so powerless as charlatans assert. Growths, with all the character of cancer, have occasionally disappeared under the influence of remedies; others have remained completely dormant for many years, without affecting the health or shortening the life of the individual; and it is absurd to say that the disease was not cancerous in such cases, because the patient recovered or lived to old age unaffected by the local condition."

The treatment which Mr. Wells chiefly recommends in this early stage is the bromide of potassium with cod-liver oil. Ordinary hygienic measures are useful: alkalies to relieve digestive disarrangements, opiates, &c.; friction and palpitation are useless, if not injurious, but Dr. Arnott's freezing process is beneficial.—*Medical Circular*.



## WHAT ARE INTERNAL HEMORRHOIDS?

Preparatory to entering upon any question as to their treatment, we must a little clear the way by a few words as to the real nature of internal hemorrhoids. That "internal piles," in their ordinary form, are dilated or varicose veins of the anus, may now safely be pronounced a relic of by-gone and very mistaken pathology. If cut across, they bleed most profusely; and if tied, there is little or no risk of phlebitis. On dissection, they show scattered, small venous cysts, but these are minute in proportion to the mass; and should a large coagulum be found, it has more the appearance of being the result of extravasation than the contents of a varix. They are not at all more liable to occur in those who suffer from varices in the legs, etc., or varicocele, than in others. The *dilatatio venarum* theory has, indeed, been specifically renounced by most of the recent teachers and writers on the subject. Mr. Salmon is very positive in his opinion on this point, and he is supported to the full by Mr. Ashton and Mr. Syme. And here the distinction between external and internal piles must be borne in mind; the former a rare and comparatively unimportant form, are admitted by all to be venous. External piles have, when the skin is thin, the uniform bluish tint of a vein, which can not well be mistaken, while the purple color of the internal one rather resembles that of the intense congestion of almost strangulated mucous membrane. External piles may be snipped off, and there is no danger of bleeding after the vein has once emptied itself; internal ones, if cut away, bleed continuously and profusely, and their hemorrhage, as just stated, is arterial, not venous.

We come, then, to the question, What are internal hemorrhoids? and to this the answer must be, that they consist of prolapsed folds of the mucous membrane lining the sphincter, extremely vascular and hypertrophied and thickened by long constriction. In children, the parts about the rectum, the sphincter, etc., are lax, and the mucous membrane is very loosely connected to the muscular one; hence their liability to large prolapse, which in them always comprises the whole circumference of the bowel. In adults, however, the sphincter is more firm, and the mucous and muscular coat much more closely connected; hence the great rarity of circular prolapse. From the necessity that the mucous membrane lining the sphincter itself should be capable of wide dilatation during defecation, an arrangement has resulted, however, by which, during the closed state of the muscle, it is thrown into longitudinal folds, which are smoothed out when it opens. Between these folds, which, first described by Morgagni, are known as Morgagni's columns, the mucous and muscular coats are more closely united to each other, while beneath them the intervening cellular tissue is, of course, loose. These columns vary in number from three to six. By reference to this arrangement, the reason why extruded piles almost always present the appearance of being divided into lobes, is easy to be assigned. Mr. Salmon defines piles as prolapsed Morgagnian columns, hypertrophied and rendered vascular by constriction, and states that their divisions into segments corresponds in number with the number of the columns in the individual. Thus,

then, we have it clearly explained upon anatomical grounds why children almost never have piles, and why adults so very rarely have circular prolapse, and also why adults who have circular prolapse never have "piles," as a complication; the latter fact being one, which, upon the old view of their being distinct conditions, it would be very difficult to account for. We have already adverted to the importance, in respect to treatment, of this view of their nature, and how well it coincides with the results of practice. No one would fear ill consequences from tying up a mass of congested and thickened mucous membrane, while every surgeon would shrink from the risk attendant on putting ligatures on bunches of inflamed veins.—*Medical Times and Gazette*.

---

#### METHOD OF PROMPTLY RELIEVING FACIAL AND DENTAL NEURALGIAS.

This method consists in turning into the meatus auditorius from four to ten drops (according to the age and sensibility of the patient) of the following fluid; then to close the opening of the ear by means of a little cotton, and to cause the patient to hold the head inclined for some minutes to the side opposite to the seat of the pain, so that the liquid may remain in the bottom of the ear. This preparation is thus made: R. Take of the extracts of opium, of belladonna and of stramonium each *one part*; of distilled cherry laurel water *twelve parts*. Dissolve and filter.

Although this preparation may be only extemporaneous, it may nevertheless be preserved, if care is taken to keep it cool, and to pour on its surface from two to four drops of sweet almond oil.

It is very rare that with the use of this liquid relief is not obtained in a few minutes; indeed, the patient is almost always asleep in half an hour, whatever may have been the severity of the pains, and that without having been in the least danger.

Absorption takes place almost as rapidly as from a denuded surface, and it is therefore unnecessary to blister the patient when we wish to use narcotics, since they act almost as rapidly by the auditory passage.

If it should happen that, at the end of eight or ten minutes, the pain does not yield to the remedy (which sometimes happens when the quantity used has been too small, or when we have to treat a neuralgia which has already required the use of narcotics in any way,) it is necessary then to use a second dose, at least equal to the first, but in the opposite ear, in order to obtain promptly that relief which is only too frequently momentary in facial neuralgias of long standing.

The preference which I give to this aqueous solution over those which contain alcohol, such as laudanum and other narcotic tinctures, arises from having used both upon myself for several years for a facial neuralgia, and observing that the latter produce a sensation of quite acute pain at the moment of their use, and not being always as successful as the former, which causes neither heat nor smarting, and is more certain in its effects.—*M. Andre, in the Revue de Therapeut.*



ON THE PREPARATION AND THERAPEUTICAL EMPLOYMENT  
OF SUBCARBONATE OF BISMUTH.

The following is the mode of preparation of the subcarbonate of Bismuth described by M. Hannon, Professor at the University of Brussels. The bismuth is first purified by melting this metal in powder with ten times its weight in powdered nitre. After cooling, the metal is again powdered and mixed with ten times its weight of nitre, and a second infusion, the bismuth may be considered as entirely free from the arseniurets and sulphurets which it almost always contains. Then three parts of nitric acid are put into a retort, and one part of pure bismuth is added. When the reaction is complete, about a third of the liquid is evaporated, then the solution is poured drop by drop into a solution of carbonate of soda, and a white precipitate is obtained, which is subcarbonate of bismuth. The precipitate, after having been washed five or six times with distilled water, is thrown upon a filter, and washed again to remove the last traces of carbonate of soda. It should be preserved in well-stopped bottles. The physiological properties of the salts of bismuth are very little known, for the simple reason that the subnitrate is the only salt which has been employed in medicine. The operation even of this salt is not well understood, as its insolubility offers an obstacle to the observation of the physiological phenomena which might have been observed in the other salts of bismuth, such as the citrate, the tartrate, or the carbonate. It is also the insolubility of the subnitrate which renders it inefficient in the greater part of the cases in which it is indicated; and it also occasionally produces a very inconvenient sensation of weight at the stomach. The subcarbonate is soluble in the gastric juice, its action is rapid, it produces no sensation of weight at the stomach, it rarely constipates, colors the stools less than the subnitrate, and may be employed for a long time without oppressing the stomach. The action of the subcarbonate appears to be sedative during the first days of its employment, and subsequently to excite all the phenomena which result from the action of the tonics.

As to its therapeutical action, it may be noted that all cases of gastralgia consecutive upon phlegmasia of the digestive passages, cases in which the tongue is red and pointed, and cases in which the digestion is laborious and accompanied with putrid or acid eructations, or in which there is a tendency to diarrhœa or spasmodic vomiting, demand the employment of the subcarbonate of bismuth. This salt is also required in the vomiting of children, whether caused by dentition or succeeding to frequent fits of indigestion, and in the diarrhœa of weak children, especially when occurring at the time of weaning. One great advantage possessed by the subcarbonate of bismuth is, that it neutralizes the acids in excess which are found in the stomach. The subnitrate, as is well known, fails always in this respect. In all the cases where the subcarbonate has been taken, the pain in the digestive passages is first found to disappear; then the eructations cease, together with the vomiting or diarrhœa; the digestion becomes less and less laborious, the tongue gradually receives its

normal form and color; and if the use of the subcarbonate is continued, the appetite increases from day to day, the yellow tint of the countenance disappears, and the face becomes colored at the same time as it ceases to be shrivelled.

The subcarbonate of bismuth is perfectly insipid, and excites no repugnance. It is given before meals. Adults take it in a little water, and children in honey. It may also be made into lozenges. The dose for adults is from one to three grammes, taken three times a day in increasing doses.—*Bulletin de Therapeutique*, and *British and Foreign Med. Chir. Rev.*

#### ON THE AGE IN WHICH HYSTERICAL AFFECTIONS ARE MOST LIKELY TO BE DEVELOPED.

BY DR. BRIQUET.

Dr. Briquet passes in review the doctrines taught by various writers on the subject of the occurrence of hysteria, and then analyzes a series of 467 cases occurring in his own practice in the course of ten years, in which the commencement of the affection was carefully noted. Some of his inferences would probably not be universally adopted, but his numbers are important, the more so as they are in the main corroborated by the analysis of numerous cases collected by Dr. Landouzy, whose results are also given in the following table:

				Landouzy.	Briquet.	
From birth to 10 years,.....				0 cases,.....	61 cases.	
"	10	"	15	48	"	104
"	15	"	20	105	"	162
"	20	"	25	80	"	73
"	25	"	30	40	"	28
"	30	"	35	38	"	13
"	35	"	40	15	"	12
"	40	"	45	7	"	3
"	45	"	50	8	"	1
"	50	"	55	4	"	2
"	55	"	60	5	"	1

Dr. Briquet attributes the differences that are manifest between his table and the numbers given by Dr. Landouzy to the circumstance of his having exercised great care in determining the exact commencement of the disease. The following are his chief conclusions:

1. A considerable number of cases of hysteria occur while the sexual organs are yet in a rudimentary state.

2. The development of hysteria does not bear a direct ratio to the period of activity of the sexual organs, as this period commences at eleven or twelve years, and does not cease till the fortieth or forty-fifth year. On the other hand, hysteria progressively advances up to the age of twenty, and very rapidly diminishes from the twentieth to the forty-fifth year. Consequently, of thirty-four years of sexual activity, there are only from nine to ten during the remaining twenty-four; and yet the sexual activity is greater from twenty to forty-five years of age.—*L'Union Medicale*, and *Med. Cir. Rev.*



## PRECOCIOUS CHILDREN; OVER-STUDY.

As long ago as we can remember, the sayings "too good to live long," or "too good for this world," were frequently in the mouths of the observant and the non-observant. The former had a reason for such remarks; the latter, by far the most numerous class, repeated the phrases, somewhat parrot-like, without referring the fact to its originating cause.

Looking upon the *mass* of human beings, there seems ample evidence that "whom the gods love, die young," from the paucity of excellent people, and the ratio, from year to year, not only seems to hold its own, but rather tends to increase in the wrong direction.

It becomes a serious question, however, whether the balance might not be favorably turned, and whether many of the very good, super-intelligent boys and girls of every land might not be spared to grow up and bless the community, instead of enriching the soil prematurely with their mortal remains. We may reasonably believe that a large portion of these excellently gifted children were *intended*, by Providence, to stay with their fellow-beings the average time of human life. *Why*, then, do so many of them vanish so soon, and have parents and guardians any hand in the extradition? The truthful answers to these questions, and the whole subject, are of immense importance, actually and prospectively. We hear a great deal now-a-days about the deterioration of the race on this side of the Atlantic Ocean, and we must confess, not without occasion. Whilst we do not believe that we shall, for some time at least, dwindle into dwarfs, or be exterminated by wild animals, we are very sure that the most serious faults in the training of the young exist among us. These evils are more evident, and naturally so, in our large cities, where the habits and nurture of the child from its cradle are hardly in any instance those which would lead to hardihood of the body or the *best* development of the mind. The ways, too, into which our boys and girls fall here, are anything rather than such as result in strengthening the muscles and developing the frame of the Western trapper, the New England farmer, or their rosy, vigorous and buxom wives and daughters. What, for example, can be more contrary to the fulness of physical and mental development than the confined, in-door, muscle-softening life of the dry-goods clerk and salesman? So with many other similarly sedentary, at least imprisoned, youth; the employments they have adopted or have had forced upon them, by necessity or the will of their relatives, would be far more properly allotted to others, and especially to women.

Another popular error, still too common, is that a delicate, susceptible boy must be shut up with books and wrapped in luxurious indulgence, rather than kept in the open air and furnished with every inducement to invigorating exertion. Now, if men *must* be devoted to in-door occupation for the most of their time, let those who are strong enough to bear it be chosen, rather than the delicate.

One of the most disastrous delusions is that which has impelled so many doting parents to incite the child of highly intellectual and

nervous organization to extra exertions in study, for the sake of rivaling all competition and looking back from an immeasurable distance upon his more lethargic, but far more healthily constructed companions. What a melancholy sight is what is termed "a youthful prodigy!" *Prodigy*, indeed—yes, a prodigy of diseased action, overworked mental powers, whose beautiful, but evanescent gleams, like those of a furnace under the forced bellows' blast, sink too soon into blackness of darkness, forever.

Strange, that parents, with such numerous examples yearly—nay, almost daily—before them, of the extinction of bright hopes and the curtailment of incipient life, should not take warning! The hot-house system of education, even with hearty, robust children and youth, is always a bad one. While it nearly always kills the plant after fostering for a while an exuberant growth and bringing out a crop of sickly though showy flowers, the *fruit* extorted from the tortured victim is insipid, of unpleasant odor, and nearly always wrotten at the heart. Are not *school-hours*, both in public and private institutions, full lengthy enough, if not too protracted? Why then urge the weary mind, and cramp the unwilling body *out* of those hours? The natural place for boys and girls, when released from school, is out-of-doors at play—*let them have all possible liberty in this*.

We lately saw in one of our daily papers a short, but pithy paragraph relating to this very subject. We now regret not using our scissors upon it and transferring it to our pages; but the last sentence struck us with a *very painful* sense of the ludicrous. The writer averred that, if physical training and the facilities for making the young of both sexes strong and well, were not more attended to as a prime element of education, we should by and by be obliged to have our children *carried* to their school-houses, and there supported by an assistant on each side, that they might be *held up to recite*!

We have seen "*prodigies*," before now, nearly reduced to this lamentable condition. They resembled in their anatomy the "jumping-jacks," which are given to unintellectual children to play with—only the *jump* was all out of them. Their gait was slow, their aspect pensive, their faces pale, their eyes large, with the conjunctivæ very pearly white, their knee-joints apparently were tied together (like the jacks) with twine and were very loose; in walking, or rather shuffling, they bent the aforesaid joints at an uncomfortable obtuse angle, and their breathing was very short, especially when mounting an ascent. They had a horror of *balls*, and as for *bats*, they knew of them only as the uncouth creature that flies in and out of barns o' nights. Yet these flimsy beings that the north wind blows through and the hail knocks down, can reel you off the most astonishing amount of geographical, arithmetical and sometimes even of algebraic information. They can recite reams of poetic and prose composition, and often "do" a deal of it themselves; and their reputed parents (we have sometimes thought the tiny creatures sprites from some other sphere) keep them at it day and night—it is so wonderful, so delightful, the "progress our Johnny makes—he's so bright, you know!"



*Progress*, indeed—*bright!* yes, more so than the mature children who thus manage their offspring.

We are for looking leniently upon the “careless boy,” the one who “can’t be made to learn,” who has the natural “dread of books and love of fun” which early years *should* be allowed as a prerogative of nature’s own choosing. Let those who restrain it beware of the measure of their restrictions.

We append from the *New York Observer* a few lines that have a world of meaning; may they, and even our own, be pondered:

“We like mischievous children, and for this reason—they are apt to make old men. Good boys often die in their fifth year; not because they are good, but their quiet habits make them strangers to mud puddles, oxygen, dirt pies and out-door exercise. When a friend tells us he has a little boy who ‘never wants to leave his books,’ the knob of his front door immediately becomes an object of intense interest to us; we know, as if we were blessed with fore-knowledge, that in less than a year a strip of black crape will be throwing a shade across his path that time will never eradicate.”

We have an impression that these sentiments are from the pen of Rev. Henry Ward Beecher; if so, they do him more credit than many other things he has written.—*Boston Med. & Surg. Journal*.

---

#### USE OF CHLOROFORM IN RETENTION OF URINE.

An intemperate cabman, aged 52, was admitted into a medical ward at Guy’s a few days ago, on account of chest symptoms. It appeared that he had had gonorrhœa twelve years before, and had ever since had more or less difficulty in passing his water. After having been in the hospital nearly three weeks, he was seized with retention of urine. The dressers and house surgeon made patient and repeated attempts to pass a catheter, but without result. There was little doubt that the stricture was a permanent one, which had been closed by inflammation. In February the retention had become complete for two days; the symptoms were becoming very urgent, and Mr. Cooper Forster was accordingly called to see him. Opium had been most freely given. Having failed in persevering attempts to introduce a No. 2 catheter, Mr. Forster determined to administer chloroform, and, if needful, to puncture the bladder by the rectum. When completely insensible, another trial was made with a No. 3, which now passed most readily. We cite this case as important, because it proves beyond dispute the influence of the anæsthetic state in relaxing an otherwise impermeable stricture. An opiate treatment had been fairly tried before, and had failed, and the catheter had also been found useless in the hands of several well-practiced surgeons. The plan of administering chloroform in cases of obstinate stricture and retention, is one in wide use, both in hospital and private practice; but, as it is not yet in such general favor as it deserves to be, we have thought that so pointed an example of its advantages might be worth bringing before our readers.—*Med. Times and Gaz.*

## IMPROVEMENT IN PLUGGING THE VAGINA.

BY W. B. CASEY, M. D., OF MIDDLETOWN, CONN.


There are few physicians in active practice who have not, at one time or another, been annoyed, and perhaps alarmed, by the occurrence of profuse uterine hemorrhage, especially in abortions of an early period. The ultimate and unavoidable termination of these cases by expulsion of the uterine contents, having been satisfactorily ascertained, it is of course highly desirable to hasten this result, and at the same time save the patient from further effusion of blood. For this purpose, various kinds of plugs or tampons have been recommended, among which, strips of linen, silk handkerchiefs, sponges and India rubber bags or bottles, are most in favor. The method which I am about to propose, and have often employed with great satisfaction, seems, however, to possess several advantages over any of the others. I learned it some years since from my friend, Dr. George O. Jarvis, of Portland, in this State.

The entire apparatus consists of two, or perhaps three, towels.—One of these is to be twice doubled or folded lengthwise, and then rolled up tightly, until it is made into a small, firm roll or cylinder, some eight or ten inches in length. This is then again rolled up within a second towel extended or spread out to its full length. We have thus a band or roll about a yard long, the central portion forming a thick, firm cushion. Its application is perfectly easy and simple: the central part or cushion is applied against the vulva between the thighs; one end of the enclosing towel is brought up in front of the patient, and the other at her back between the nates (like the letter U,) and the two ends being tightly drawn up, are then pinned to a third towel passing across the shoulders, or perhaps to the neck or yoke of the patient's night dress, if that be stout and strong enough for the genital fissure, preventing the escape of blood, which then coagulates in the vagina and serves both as a plug and dilator of the os uteri. In due time, the ovum being separated, expulsive pains come on, and the roll being then unpinned and removed, and the patient (if not too much exhausted) allowed to sit upon a vessel, the vaginal plug or clot, followed by the ovum and its concomitants, is extruded, and the trouble is at an end.

The advantages of this plan, over any internal plugging, are so obvious, that I will not take up your space or the time of your readers by enumerating them, but will only assure those who have never tried it that, in the great majority of cases where plugging is proper and necessary, they will find this method safe, easy and efficient. It has rarely or never failed in my hands; and now, when called to a case of flooding from the cause above mentioned, if pressed by business, I do not hesitate, after applying the roll, to leave my patient for an hour or two, or longer if necessary; feeling confident that if my directions are strictly obeyed, no mischief will befall the patient during my absence.—*Boston Med. Jour.*



## EDITORIAL AND BOOK NOTICES.

 We know not how we can better comply with the request of our correspondent, "to brand, as it deserves, the practice of newspapers admitting into their columns advertisements of medicines stated to have the effect of producing abortions," than by publishing in our editorial department his letter. If the practice in question is not there "branded as it deserves," we are at a loss to know what its deserts are. The sentiments expressed are after our own heart as far as they go, and we commend them accordingly. We would suggest whether the druggists who sell these nostrums, and procure and pay for the advertising in the papers, are not equally involved in the responsibility, and whether they are the men for the profession to patronize.

MESSRS. EDITORS:—I notice in two or three recent numbers of your journal, you have taken up the subject of abortions and pointed out the wickedness and dangers of their procurement. As one of your readers, I feel under many obligations to you for placing the subject in its proper light. The last article in the October number, showing from such an array of high authority the great danger to life and health in those persons suffering an abortion, must have its effect upon those who read it. Aside from all moral considerations regarding the heaven-defying wickedness of destroying human life, cutting short human existence, though it be in the bud, no prudent medical man understanding the dangers to the mother, and the probability of his exposure in case of serious results, could be induced, one would think, to engage in attempting to produce an abortion for any fee, which even the desire to conceal an anterior crime would induce guilty parties to offer—much less for such fees as married men are willing to pay for having such outrages committed upon their own wives, and for murdering the legitimate offspring of their own bodies. It may be assumed then, that intelligent, prudent, medical men do no such things. It can only be the ignorant and the imprudent scoundrels, those rash and reckless men who have no characters to lose, who will engage in such business—the same class of men who would make a business of gambling, stealing and counterfeiting, and who not only delight in wickedness and crime, but likewise find a kind of enjoyment in the dangers of detection and punishment. When such men cease to occupy places in the profession, the crime of producing abortion will cease among regular medical men,

and will be left to the irregulars—to those quacks and pretenders of whom we could expect nothing good.

But my object in writing this letter is to ask you to brand, as it deserves, the practice of newspapers admitting into their columns advertisements of medicines stated to have the effect of producing abortions. It is true, these filthy advertisements of obscure and groveling quacks warn "*pregnant females*" against taking the medicines; but everybody understands the shallow trick, the studied irony, and knows that the *intention is to induce people to buy the medicine for that very purpose*. It may be plead in extenuation that these medicines are comparatively inert, and do not have the abortive effects attributed to them, and this to a large extent, at least in many cases, is doubtless true; but many of them produce decided irritation of the gastric, intestinal and urino-genital organs, and though they may fail to produce abortion, often do produce very serious disease.

But the great evil of these advertisements is to give the community the impression that abortions can be easily and certainly effected, and that their production is a common and trivial occurrence; that, especially in the early periods of pregnancy, the results of conception can be disposed of almost imperceptibly by the quiet operation of medicines. This, indeed, is the belief of the masses, and hence the boldness with which applications are made by quite respectable people. Now, the newspapers which print these filthy and immoral advertisements, are in a large degree responsible for this false impression, this corruption of public sentiment, and consequent debasement of morals, and should be so held and characterized.

The occupations of medical men, their necessary familiarity with subjects of this kind, and the use of language to express such ideas, must relieve them from charges of squeamishness or excessive fastidiousness; but no physician of proper sensibility can look at many of these really obscene advertisements without a blush, and when he thinks of their being spread out before innocent childhood and early youth, and before susceptible adolescence of both sexes, he can but feel the deepest mortification; and further, when he knows that they contain such fatal moral poison, corrupting those sources of public sentiment which affect so deeply the purity, the innocence and the very existence of so many, indignation is commingled with disgust; and however well he may regard his own family as protected from such influences, he can hardly allow the paper containing the daily news, but defiled with such pollutions, to be brought to his fireside. Indeed, such papers ought to be discarded, and the medical press



should bear its testimony against them. The advertising columns, no less than the editorials, the communications and the selections go to make up a paper, and the publisher is responsible for the whole character of his sheet. He cannot shun it.

Now, let the *Peninsular* speak out the sentiments which its editors as true men must feel, and an effort will be made towards correcting a great and growing evil.

Very truly yours,

---

CALIFORNIA STATE MEDICAL JOURNAL.—The 4th and last number of this Journal has been received. We part from this but recent acquaintance with sincere regrets. It has been ably conducted and was a credit to the golden State; but the Conductor, Dr. Morse, having failed to receive that amount of aid and comfort which was hoped and expected at its inception would be realized, and which was necessary for its continuance, has in this closing number of the volume published his validictory. We hope to see it resumed. We should be pleased to have the first number which never reached us, to make our set complete.

---

FISKE FUND PRIZE ESSAYS. *The one being an Essay on the Effects of Climate on Tuberculous Disease*, by EDWIN LEE, M. R. C S., London; and *the other on the Influence of Pregnancy, on the Development of Tubercles*, by EDWARD WARREN, M. D., of Edenton, N. C.

The profession are indebted to Messrs. Blanchard & Lea, of Philadelphia, for this reprint from the *American Journal of the Medical Sciences* of these admirable essays. Though not aspiring to the dignity of treatises, they contain much practical information, presented to the reader in a chaste and simple style, most appropriate for scientific discussion.

In the management of his subject Dr. Lee seems to have aimed to do for consumption, what his more distinguished countryman Hunter did for surgery, by showing the dependence of local affections upon constitutional causes, and that their removal is to be effected by measures no less limited in their influences, whether these consist in the establishment of hygienic regulations or in the adoption of a system of medical prescriptions. He has been led by these means to consider the nature of tuberculization, its dependence upon climate, the sensible qualities of the atmosphere which develop that affection, and from thence deduces the rules by which the life of the pulmonary

invalid should be governed, both as regards his diet, his pursuits and his place or places of abode.

Regarding consumption as an atonic disease, his means of prevention, as well as his curative indications, are all to be adopted with a view to invigorate the organs of nutrition, and through their instrumentality the recuperative and preservative powers of all the other organs, the lungs included.

Dr. Warren prepares the way for the consideration of the subject of his essay, by settling a preliminary question—whether the induction of an *artificial* state like pregnancy, an admitted efficacious means of counteracting a *spontaneous* morbid condition, such as obtains in phthisis pulmonalis, produces that result on the principle of “*similia similibus curantur*,” or in verification of the truth contained in the doctrine of Hippocrates, which is summed up in the maxim “*contraria contrariis curantur*,” in the course of which he leaves no peg for the followers of Hahnemann to hang a hope upon.

We have not space for an abstract of the facts or an epitome of the argument by which he attempts to prove that pregnancy arrests the development of tubercles. The essay itself is short and is worthy of more than a hasty perusal.

The Medical Society of Rhode Island through whose instrumentality these essays have been called forth, is one of the most efficient organizations of a kindred character in the United States.

---

ON DISEASES OF THE SKIN. By ERASMUS WILSON, F. R. S. 4th *American from the 4th and enlarged London edition*. Philadelphia: BLANCHARD & LEA.

Wilson on Diseases of the Skin is, we think, one of the best works extant on this speciality. We have made it *our* authority for some years past, and can say that but little difficulty need be met with in making a satisfactory diagnosis of cutaneous diseases, when his system (the natural classification) is closely followed.

The present edition is enlarged from the former and contains much new matter, especially “the development and growth of the epidermis,” “inflammation of the derma from the presence of acari,” &c.

The plates illustrating the work are fifteen in number, and are to be had separate from the text.

It should be in every medical library and every medical student's hands.

For sale in Detroit by RAYMOND & SELLECK.

W. B.



PRACTICE OF SURGERY. By JAMES MILLER, F. R. S. E., F. R. C. S. E. Surgeon in Ordinary to the Queen for Scotland, Surgeon in Ordinary to his Royal Highness Prince Albert for Scotland, Professor of Surgery in the University of Edinburgh, &c., &c. *Revised by the American editor.* 4th American from the last London edition. Illustrated by 364 engravings on wood. Philadelphia: BLANCHARD & LEA, 1857.

The above work, "though designated by the special title of "Practice," really constitutes the second volume of a continuous exposition of Principles and Practice, together forming a complete system of surgery." (Preface to 4th edition.)

Miller's Practice of Surgery has been too long before the profession to need any commendation from our hands. We have given it a thorough examination and find it *complete*. Nothing has been omitted, either by its talented author or by the American editor, that has received the verdict of the profession as an *advance in surgery*.

The first chapter on "operations" is to the beginner worth the whole cost of the work. It is copiously illustrated, thus supplying a desideratum in surgery. Those not having the opportunity of a thorough course of *clinical surgery*, may be enabled, by a faithful study of this work, to obviate many of the inconveniencies arising from such a deprivation.

The work contains 682 pages, has a copious index and is finished in handsome medical binding.

For sale in Detroit by DOUGHTY, STRAW & Co.

W. B.

---

MAGAZINE OF TRAVEL. *A Work Devoted to Original Travels in Various Countries both of the Old World and New.* Conducted by WARREN ISHAM AND W. PARSONS ISHAM.

A monthly replete with interest, and crowded with valuable information, and offered, at the astonishingly low price of \$1.25 per year; or to clubs of 8 or more, at \$1.00. Mr. Isham's literary reputation is well known throughout this State, and his ability to furnish a suitable and instructive Journal, will not be doubted by any. We recommend it to our readers.

---

#### PAMPHLETS.

RHODE ISLAND REGISTRATION REPORT FOR 1856. Prepared under the direction of JOHN R. BARTLETT, *Secretary of State*.

A report of much professional interest, the utility of the subject of which will soon receive a popular recognition.

PUERPERAL FEVER; ITS CAUSES AND MODES OF PROPAGATION. By JOSEPH M. SMITH, M. D., Professor, &c., &c. (*From the New York Journal of Medicine for Sept. 1857.*)

The author of this paper, which was read before the New York Academy of Medicine, in it, as in every thing else that comes from his pen, gives evidence of extensive culture and profound erudition, and at the same time furnishes an example of the difference between written and unwritten knowledge, or what would better convey to others the idea in our mind, the difference between the fruits of reading and the results of personal and may be unrecorded observation.

Great as our personal respect for the learned professor is, it is not sufficient to compel our consent to the conclusions he has arrived at, on the modes of propagating puerperal fever, when the facts on which his reasoning is based, have not transpired under his own eyes. When he has seen it in its malignant epidemic form, he will be convinced that the accoucheur is not the instrument by which it is propagated.

COMPOUND DISLOCATION OF THE LONG BONES, CONSIDERED WITH ESPECIAL REFERENCE TO THE VALUE OF RESECTION. By FRANK HASTINGS HAMILTON, M. D., Professor of Surgery, &c., Buffalo. (*From the American Journal of Medical Sciences.*)

This article, written with the design of proving the utility and, in fact, the necessity of resection in compound dislocations of the larger joints, is to be admired for the candor of the author, who endeavors to establish his position by a reference to authorities so long laid aside as to have become a scientific compost, out of which has sprouted many of the fresh and radiant conceptions of the exceedingly progressive examples of the Young America of the present time.

It is pleasant to peruse the writings of an author as mindful as Dr. Hamilton is, of the consideration which should in the minds of all rightly disposed men attach to the memories of the pioneers in so great a vocation, as the one to which his life has been devoted.


With our limited experience, we should be inclined to dissent from the universality of the rule laid down by Professor Hamilton, but can give at this time only one reason for that dissent, which is the fact that we have succeeded by other means.

AN ADDRESS, *delivered before the Medical Society of the State of Vermont, Oct. 1856.* By JOSEPH PERKINS, M. D.

A very excellent discourse, written with the design of promoting legislative action on the subject of a registration law in the State of Vermont.



## MISCELLANEOUS.

 We had made a brief note of the death of MARSHALL HALL, whose name is so familiar to the profession; but coming upon the following article in the *Boston Medical and Surgical Journal*, doubtless from the pen of Oliver Wendall Holmes, we give it, though occupying more space, instead of our own. We cannot, however, refrain from saying that, in our view, a mighty man has fallen in our Medical Israel—mighty because of his great industry and enthusiasm, his more than parental fondness for his intellectual offspring, and the earnest and reiterated utterances of the truths he discovered. He was not content to quietly put forth his views and leave them to their fate; but going into the highways and hedges, he *compelled* men to come in and partake of his feast of knowledge. Weaknesses he doubtless had, and fanciful ideas he sometimes entertained, but the dross will be easily separated from the metal in the crucibles of experiment and induction; and when this is done there will be found sufficient of the latter to erect to his name an enduring monument.

A. B. P.

Dr. Marshall Hall is dead, and an illustrious name is stricken from the roll of Science, to be engraved on her monumental tablet. No living English physician or physiologist is perhaps so widely known, and none is likely to be remembered so long. With all its material strides, our century can show but a few of those bounds forward in the science of life which leave a long blank space between the footprints that measure them; and to Marshall Hall one of these few considerable movements of progress may be justly attributed.

The great discovery which we owe to the genius of Sir Charles Bell, aided by the more precise experimentation of Magendie—the divided function of the nerves and nerve-roots—was beyond question the most important addition to physiological knowledge since the new revelation of Harvey. This again was almost overshadowed by that newer-found truth which is to vital movement what the doctrine of gravitation is to the movements of the spheres, or that of proportional combination to chemical changes; the law of cell-formation.

The microscope, to which we owe this noblest of physiological generalizations, has since absorbed much of the observing talent devoted to the study of life. Science is apt to be dull and slow; it loves tools and cabinets and manipulations; anything better than hard thinking. The little world of the microscope bred a race of little men to live in it. The coral insects that labored to build up this new realm in the waste of knowledge were undeniably useful, but they were indisputably small.

Marshall Hall wrought in the midst of this molecule-loving generation, in the old track, with the old natural implements. What he

accomplished Prochaska and others had long before begun; it was only a wonder that a hundred experimenters had not anticipated him, for there was nothing seemingly in his observations and experiments that Herophilus or Galen might not have stumbled upon.

The usual round was run through, of disputing the facts or their explanation, of denying their originality, and at last of acquiescing in the claim of the discoverer. The world concedes the recognition of the automatic nervous centres and actions to Marshall Hall.—Others may have more or less perfectly observed and announced some of the facts in the series of demonstrations. But they spoke in a whisper or in a corner, and when they had once spoken were quiet. He cried his doctrine and its proofs aloud in the street and Academy; he shouted it over and over again, until he was hoarse with calling; he printed it in little pamphlets and big books; he dressed it in italics and capitals, as if it were an incendiary proclamation; he wearied the very echoes with it, until at last the deaf and surly world took up its ear-trumpet and listened—and lo! one of the startling truths that make a century luminous in the procession of time, and lift a withered student into planetary reputation!

His doctrine of the reflex function, announced, reiterated, illustrated, demonstrated, applied and triumphantly established in the world's belief, fixes his name in that stony immortality of science which is the surest hold a man can have upon the perpetual remembrance of his race. His peculiarities and weaknesses all pass out of sight, but his great achievement remains. It is handed over—if we may borrow a simile from his discovery itself—to the *reflex action* of Time—to the automatic grasp of universal memory. No voluntary act can now reach his fame. We need hardly hesitate, therefore, to sketch some of his traits in a few words, with the freedom which illustrious and unquestioned position authorize us to exercise in judging those who have gained it.

An ingenious, active-minded, observing, speculating, excitable man, half physiologist and half medical practitioner, he always seemed to be in the flurry of some new discovery or startling novelty. Sometimes he would make a new name for an old thing, and frighten the nosologists with a long string of new diseases, that proved, after all, to be old friends—or enemies—with a fresh set of *aliases*. Such was the case with his famous *Mimoses*—collections of imitative symptoms which he raised to the condition of medical entities. Sometimes it was in the spreading out and emphysematous dilatation and spasmodic emphasizing of common and well-known phenomena, amidst a great splash of capitals and an alarming spatter of notes of admiration. It was his weakness to love his own ideas and fancies, and to make much of them. Nobody ever insisted so earnestly on the one particular, special, individual point of observation or of precept which he was laying down at the moment. He knew that men were stupid and obstinate, and that it took a great deal to wake them up. See how he talks to us in the *Lancet*, a little more than a year ago, about the treatment of asphyxia. His advice is as sharp and startling as the reading of the Riot Act. He always has the same eager way of



pushing all his thoughts home, as if this one particular thing he is saying were *the* thing that prophets and kings have desired so long and which he was determined they should not die without the sight or knowledge of!

Mere praise of a man, living or dead, has no flavor if it does not relieve itself against his individual characteristics, even if these be of the nature of infirmities. To deny the evidence of a certain effervescent egotism in the writings of Marshall Hall, would be like overlooking the learned inflation of Sir Thomas Browne or the homely obscurities of John Hunter. It is customary in France to deliver orations or funeral speeches over the tombs of distinguished men just buried. *There* nothing is named but the virtues and glory of the dead. But we are the posterity of at least a fortnight's standing to the deceased of the other continent; the fresh tears of friendship have ceased to flow before we know that they are numbered with the generations of the past. Therefore we may be pardoned for speaking more freely and honestly of those peculiarities which brought the great discoverer nearer the standard of common men than his place on the roll of fame might have led us to believe him.

Many acute practical observations are to be found in his medical writings. He has painted with great felicity various forms of functional disturbance in females, and distinguished them from the organic changes they resembled. He has pointed out most important considerations to be taken into account in deciding the question of bloodletting and its amount, and insisted with much effect on the deceptive symptoms produced by the loss of blood. His work on Diagnosis may perhaps be called an imperfect Syllabus, but it was an effort in the right direction. The desire to give greater scientific accuracy to the discrimination of disease led him to seek the acquaintance of Louis, and to become connected with the Society of Medical Observation, where the writer of this notice met him in the earlier days of that Association. The great pathologist was pleased with his homage. His English acquirements not being considerable, he handed a work of "*Monsieur Mar'shall' Ahl*" to the writer to examine and report upon. But the methods of the Englishman, who put himself into everything, and the Frenchman, who, in accordance with the epigraph he borrowed from Rousseau, kept himself out of everything, proved very hard to incorporate. Their relations, however, became very friendly, and the medical works of Marshall Hall give proof that his visit to Paris was not without its fruit.


But it is in the domain of Physiology, that his chief laurels have been won. He clung with admirable pertinacity to the great idea which shaped itself in his imagination, until by a series of well-devised experiments its reality was established. He took the doctrine which he had established, and applied it through a great range of physiological and pathological facts with signal and brilliant success. With Harvey, with Bell, with Hunter, with Jenner, Marshall Hall is hereafter to be counted among the imperishable names of British Science.

THE VIRGINIA MEDICAL JOURNAL, (which by the way is one of the very best of our exchanges, decidedly the most beautiful in paper and typography,) is advocating a union of the two medical schools of that State—the Medical Department of the University of Virginia and the Medical College of Virginia, the former located with the rest of the University at Charlottesville, the latter in the city of Richmond. The editor would have the consolidated institution located at Richmond; would have it called the Medical Department of the University of Virginia; would have nine Professorships, viz: of Anatomy, Physiology, Medical Pathology and Principles of Medicine, Clinical Medicine including Infantile Diseases, Surgery, Materia Medica and Therapeutics, Obstetrics and Diseases of Women, Chemistry and Toxicology, and of Medical Jurisprudence and Hygiene; would have the lectures continue nine months, three a day of an hour in length, and three examinations of half an hour; would have an “intermediate examination” when five months past, and a “written examination” at the end of the term; would have perpetual tickets issued at \$200 a piece, allowing the students to attend as long as they choose, admitting them to an examination for the degree of M. D. at the end of the course, or at any examination thereafter as they shall choose.

This, he thinks, would be the most complete, the most economical, the most approved and the most profitable course in the United States.

That a course after this model could be made very complete and very thorough, there is no doubt, and we confess we would like to see the Old Dominion leading off the other old States with such an institution.

---

 Our friend Dr. Bowling, of the *Nashville Journal of Med.*, whose sprightly and genial editorials we always read with pleasure, often says very true things in a very striking and beautiful manner. As a specimen in the October number, speaking of controversies, he says: “Men incapacitated by nature and education from making any character for themselves, are always the busiest in their efforts to make character for other people. \* \* \* It is a great misfortune that all men were not endowed with sense enough to know, that, if they have not the ability to elevate themselves, they surely are defective in that necessary to debase others. Like a clown, they may throw dirt upon an elaborately carved and polished pillar, but the rains and dews distilled from the heavens will shortly remove the filth and leave the column all the brighter.”



ASSISTANT SURGEON W. R. CORNISH, of the British Army in India, reports among other things in relation to febrifuge medicines in the East, 1st, that vegetable astringents may be substituted for quinine in the treatment of simple quotidian and tertian intermittent fevers; 2d, that in the quotidian, vegetable astringents will fail in from five to ten per cent. of the cases treated; 3d, that in the tertian, quinine has little or no advantage in breaking the febrile paroxysm or curing the patient; 4th, that the double tertians do not readily yield to vegetable astringents, and in this type quinine is superior; and 5th, that vegetable astringents have failed in a smaller proportion of cases of all forms of fever than cinchona and arsenic. He thinks cases of fever complicated with splenic enlargement and anæmia appeared to do best under the astringent treatment.

Mr. C. also states that the amorphous quinine is much inferior to the sulphate and crystalized. This he thinks the best febrifuge (anti-periodic) in existence, and in this opinion he is doubtless right.

---

IODIDE OF AMMONIUM.—Dr. B. W. Richardson has been using this article with considerable success. It is soluble in water, and not unpleasant to the taste, differing from the Iodide of Potassium in being a little more pungent. The dose for an adult is from one to three grains.

Dr. Richardson has, at this time, prescribed the Iodide of Ammonium in thirty-eight cases, including one of secondary syphilis, four of chronic rheumatism, six of phthisis pulmonalis in the primary stage, and in a variety of forms of strumous disorder attended with glandular enlargements. In action, the Iodide of Ammonium is in many respects analogous to the Iodide of Potassium, but its effects are more rapidly evidenced. It seems in some instances to produce diuresis, and its influence in the reduction of glandular swellings is exceedingly well marked and satisfactory.

The Iodide of Ammonium admits also of external application as a liniment, with glycerine or soap liniment as the menstruum. Thus applied, it is easily absorbed. In two cases of enlargement of the tonsils, both of old standing, and in one of which, the patient being a child, several unsuccessful attempts had been made at extirpation, Dr. Richardson prescribed half a drachm of the Iodide dissolved in an ounce of Glycerine, and ordered the solution to be freely applied every night over the tonsils with a large camel's-hair brush. The application in these cases has now been continued for nearly two months. In the child, the tonsils, which originally were so large that they impeded swallowing, and excited a constant cough, have now become reduced nearly to their normal dimensions, and the symptoms have disappeared. The other case occurred in private practice, but the results, we have learned, are equally successful.—*Lancet*, May 2, 1857.

M. HANNON, Professor at the University of Brussels, speaks in high terms of the therapeutical effects of the Subcarbonate of Bismuth. He gives the mode of its preparation and says, it is soluble in the gastric juice, its action is rapid, it produces no sensation of weight at the stomach as does often the sub-nitrate, it rarely constipates, and may be employed for a long time without oppressing the stomach. The action of the subcarbonate appears to be sedative during the first days of its employment, and subsequently to excite all the phenomena which result from the action of tonics.

It is indicated in gastralgia consecutive upon inflammation of the stomach, where the tongue is red and pointed; and cases in which digestion is laborious and accompanied with putrid or acid eructations, or where there is diarrhœa and spasmodic vomiting. It is also useful in the vomitings of children, whether from dentition or indigestion, and in the diarrhœa of weak children, especially at the time of weaning. One advantage over the subnitrate is that it neutralizes the excess of acids in the stomach.

In all the cases where it has been tried, the pain in the digestive passages is found to disappear; then the eructations cease, as well as the vomiting or diarrhœa; the digestion improves, the tongue receives its normal form and color, and if the medicine be continued, the appetite increases from day to day, the yellow tint of the countenance disappears, the natural tint and fullness is resumed.

This preparation is quite tasteless and excites no repugnance. It should be taken before meals, three times per day, in doses of from fifteen grains to two scruples, gradually increased.

---

#### RURAL IMPURITIES.

The germs of insalubrity are scattered about in every village, for the rational laws of health are violated alike in the cottage and in the farm-house. The dwelling-houses sometimes rest on damp undrained ground; they lie often at the bottom of pitlike depressions of the earth, instead of standing on the sides of the higher grounds, from which the water flows away naturally, and the decaying organic emanations are dispersed and decomposed by the winds. The farm-house is often close to the farm-yard, on a low part of the farm, and is surrounded by buildings, ricks and trees. In the yard, or near it, the refuse of the house and of all the animals is kept, month after month, undergoing fermentation and giving off noxious vapors. Into the pond, out of which the cattle drink, the ammoniacal liquor falls that should find its way over the land. And it happens, that, if the air is stagnant for some days, if the temperature is high, if some sick person or diseased animal enters the place, which is surrounded by salubrious fields, the farm becomes a scene of suffering, the cattle perish by pleuro-pneumonia, the children are attacked by scarlatina, the wife has low fever, or the farmer himself dies, and his name, at a premature age, is enrolled in the registers of death.—*Ass. Med. J.*



# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

VOL. V.

DECEMBER, 1857.

NO. VI.

---

## ORIGINAL COMMUNICATIONS.

---

### ARTICLE I.

---

#### *The Progressive Development of Physiological Ideas.*

---

Read before the Detroit Medical Society by E. P. CHRISTIAN, M. D., and published by request.

---

The birth of ideas originating the discovery of new laws in the economy of nature, and of their application in explaining and interpreting the various and manifold natural phenomena, or the application of natural forces in science and the arts, is not like that of the fabled goddess Minerva, springing full formed and of perfect development into life from the head of Jove, except in the manner expressed in this allegory, representing wisdom emanating from the head of the Supreme Governor and Ruler of the Universe—the Omniscient Divinity from whom all knowledge proceeds.

Occasionally the world furnishes examples of intellects of that acuteness and capacity for observation and ingenious deduction, who seize upon the embryonic ideas of their predecessors, and bring forth such admirable order and system from chaotic confusion that the advances they make seem like the discovery and complete development of new and unheard of laws.

The idea of the application of steam as a motive force underwent a gestation of ages before its development and birth into the steam engine; and so too the electric telegraph was the product of the gradual growth of ideas conceived e'er yet Franklin received his message from the clouds.

This fact of the progressive development of great ideas is sufficiently exemplified by what is of common observation, that new discoveries are seldom without competing claimants for the credit of priority.

The study of the history of the development of those ideas which have led to the elucidation of new principles, the explanation of mysterious phenomena or new applications in the arts, will prove both an interesting and profitable pursuit. By this means only shall we be capable of judging of the boasted progress of successive ages over their preceding, and in particular of the vain-glorious claims of our own age to pre-eminence over all that has preceded. And so too shall we be enabled to render due credit to the fameworthy labors of older writers, as we shall learn that what appears but the pale flickering light sending dimly back its rays, is only rendered so by its distance from the beholder, or perhaps by the denseness of the surrounding fog through which the glimmering of its rays is seen.

Young Physic, a zealous student of modern medical literature, both in its teeming periodicals and the more ponderous volumes daily emanating from the press, and familiar with modern discoveries and improvements, is inclined to irreverence for what presents the mustiness of age; but an equal familiarity with more ancient literature would often show him how the fire which burns so brilliantly for him, was lighted years before, and its flames kept shining by continual addition of fuel by successive watchers.

Old Foggy Physic too, remembering the proud advances in science of his younger days, not seldom permits his inertia the satisfaction of a neglect of study of more recent writings, and thus perhaps fails to see by what process the flickering taper of former years has gradually given place to the brilliant carbo-hydrogen illuminators.

Each discovery is the result of the progressive development of some principle, and is dependent upon preceding developments of the same; and so too, each discovery opens new indications to still farther truths. In no department of science has this truth been more distinctly shown than in physiology, and in nothing pertaining to the human body is it more impressively manifested, "how fearfully and wonderfully made is man," than in the physiology of the nervous system. What wonderful mechanism and design is there displayed, and what startling, mysterious phenomena, that were wont of old to be charged to demonic influence, have been shown to depend upon the influence of this system.

But marvelous as have been the developments of science here, still



greater mysteries will yet be explained, and future discoveries will prove that our age was but the infancy of nervous physiology.

Here, however, on this dark, uncertain subject we are to bear in mind especially, that hypothesis merely, howsoever specious, is not discovery, if it lack demonstrative proof. Credit nevertheless is due to those whose foresight has enabled them to perceive what has remained for more fortunate ones to demonstrate; but how often is it that theories have been broached as new, and great discoveries heralded, when a more familiar acquaintance with medical literature would have shown the same to have been conceived and given birth to by others. Not often, however, is it that competing claimants arise for the credit of such so called discoveries, and when such is the case, that numerous contestants enter the ring, this fact is of itself sufficient to prove the fallacy of any exclusive claim, and to indicate that the idea was a common one.

Such a contest is now exhibited by the parties claiming priority in the discovery and designation of what is styled *the excito-secretory system of nerves*.

Our design in this paper is to trace up the development of this asserted new discovery, and to show what these rampant partisans are entitled to, and how much has been borrowed from older authors on the physiology of the nervous system. For this purpose a clear understanding of the nature of these claims will be necessary.

Dr. H. F. Campbell, of Georgia, claims the idea and designation of an excito-secretory action, prior to Dr. Marshall Hall. This claim is acknowledged valid by Dr. M. Hall, who, however, awards the credit of antecedent demonstration of facts in proof of this doctrine to M. Bernard. Dr. J. Adams Allen, of Michigan, contests the claim to priority of discovery with Dr. Campbell, and Dr. M. Paine, of New York, asserts vigorously his claims to having anticipated each and all the others.

We may perhaps better show the nature of the contest by quoting the claims of the interested parties.

"Dr. Campbell," says Marshall Hall, "is entitled to the idea and designation of an excito-secretory action, but his details are limited to pathology and observation."

That "the idea of the excito-secretory function, as applied to pathology, is indisputably his, he first detected, gave it its designation and saw its vast importance."

"My own claim," says he, "consists in the vast generalization of excito-secretory action throughout the system."

"The elaborate experimental demonstration of reflex-excito-secretory action is the result of the experimental labors of M. Claude Bernard."

Dr. Allen claims "*the great generalization that the excito influence is followed by a reflex change, in which the effect is NOT A MOTION, but A MODIFICATION OF VASCULAR AND NUTRIENT ACTION. That this effect takes place BY MEANS OF THE DOUBLE NERVOUS ARC.*"

He remarks, "as Mr. Hall is kind enough to allow Dr. Campbell the credit of having discovered the excito-secretory function, "as applied to pathology," perhaps he may be led to recognize my own claim to the discovery of this principle, as applied to *therapeutics*. I shall not be content with this," &c.

He then quotes from his old manuscript lecture which is adduced in proof of the priority of his discovery, as follows:

*"Hence the impression must be transmitted to the nervous centres, and thence reflected to the affected organ; in other words, the influence is primarily exerted upon the cerebro-spinal system, and secondarily upon the internal affected organ."*

Dr. Paine claims, that the whole of this doctrine contained in the first extract from Dr. Allen "is impressed upon the medical and physiological commentaries, (of which he was the author,) and upon half the pages of these Institutes (of Medicine), and has always been taught extensively in the Author's lectures since 1841."

And again of the second quotation from Dr. Allen, in regard to the application of the principle to therapeutics and his explanation of the *modus operandi* of medicines, Dr. Paine remarks as follows:

"Here also the whole of the foregoing doctrine appears throughout these Institutes, but they embrace a long chapter particularly upon "counter-irritation," in which it will be seen that the author has employed nearly the foregoing language of Dr. Allen, and with a great elaboration and extensive application of the doctrine throughout the work, which had been also antecedently taught in his lectures for seven consecutive years before Dr. Allen promulgated his views. He enforces everywhere the doctrine that reflex action of the nervous power is the modifying cause through which all changes are effected by morbid and remedial agents in parts that are not immediately connected with the direct seat of their action," &c.

And again says Dr. Payne: "As to M. Bernard, his experiments bearing upon the connection of the nerves with the function of secretion, however much they may have been varied and multiplied, were



anticipated long before by those of A. W. P. Phillip, which are quoted extensively in these Institutes."

Here then is an amusing contention; and what does it indicate, but, as has been before said, that the principle laid claim to by these contestants has been no hidden thing—may be traced as far back as the experiments of Phillip above referred to? This is, indeed, the whole discovery. There has been no new system discovered. No one professes to point out the newest fibre, ramification or ganglion. It is then merely the discovery of a function, and these modern claimants do not even point out the channel of this communication. They do not tell us what system is the medium of this newly discovered force. What then does this mean? If they cannot tell us by what system this function is performed, and give us some plausible demonstration, what does this whole theory amount to but baseless hypothesis? But if they leave us to infer, as we must, that the function is performed through the medium of the nerves of organic life, do they not do so because it is an admitted fact in physiology of the preponderance of the great sympathetic over the organic viscera; and where then is the discovery? We have admitted such a function to this nerve before. Dr. Campbell, indeed, we may infer from the tenor of his very excellent report on the nature of Typhoid Fevers, in the Vol. of Transactions of the American Medical Association for 1853, places the seat of this function in this system of nerves.

This idea then we have claimed is as old as the experiments of Phillip, and we shall attempt to show that it may be definitely traced up to Bichat, and may be found more distinctly enunciated by Broussais, and unequivocally so by subsequent writers. Probably there is not a gray haired man in the profession, but who recognizes in these ideas the familiar doctrines of older writers; and within the writer's own knowledge the elaboration of this very same principle, as applied to the pathology of malarious fever, was contained in a thesis by one of our own members, more than a score of years since. Indeed, the very idea is involved in the terms made use of by the older writers, and which have also been copied by modern ones, as "sympathy," and the "great sympathetic," and "nerves of organic life."

Let us see then, if we can furnish any evidence to justify us in these statements.

Even as old a writer as Bichat had at least a faint perception of this truth; and the germ of the whole theory is developed in his attempt to prove that "the passions regulate the actions of animal life, though they have their seat in organic life." Imbued, as he was,

with the materialistic ideas of French philosophy which prevailed in the days of the Republic, he seeks to reconcile his physiology with his moral philosophy. Attempting to separate the organic functions from the direct nervous influence of the brain, he regards each ganglion a separate and independent nervous centre, presiding over those organs to which its emerging fibres are distributed. And observing the influence of the passions and emotions on these functions, he attempts to prove from thence their seat and origin in these centres; yet he is necessitated to acknowledge that "numerous sympathetic relations unite all the internal viscera with the brain or its different parts. Every day's experience (says he) affords us examples of affections of this organ arising sympathetically from those of the stomach, liver, intestines, spleen, &c. This being premised, as the effect of every kind of passion is to produce an affection, a change of force, in some one of these viscera, it will also excite sympathetically either the brain wholly, or only some of its parts, whose reaction on the muscles which receive it from the nerves, will produce in them those motions which we observe."—*Phys. Researches on Life and Death*, pub. 1809, p. 54.

Here, then, we have unequivocally the theory of excito-motory and reflex action, which, as we shall see, is the parent of this theory.

But again, says he, "Perhaps the internal organs do not act upon the voluntary muscles by the intermediate excitement of the brain, but by direct nervous communications; how they act is of no consequence, \* \* \* \* what is most essential, is the fact itself; what is evidently in support of it, is, on the one part, the affection of an internal organ by the passions; on the other part the determinate motion to this affection in muscles, over which this organ has no influences in the ordinary series of phenomena," &c.—*Ibid.*, p. 55.

"It is from the affection, and not from the cause which produces it that sympathy arises."—p. 55.

It is not only in the brain, but on every other part, that the viscera affected by the passions exercise their sympathetic influence," &c.—p. 56.

Thus much then, from Bichat, one of the brightest lights of medical literature, who was prevented only by his false metaphysics, in placing the origin of the passions, emotions, &c., in the sympathetic ganglions, the necessary result of his peculiar infidelity, from anticipating the glory of succeeding physiologists.

We will next refer to the writings of Broussais, and select the following extracts:



"It is proved that the nerves coming from the brain are the channel for the sensations, which, from various parts of the body, go to the center of perception and volition; that is to say, the influences under which the latter determines movements. These two phenomena which constitute *innervation* are, on final analysis, but modes of general irritation.

The cords of the great sympathetic are continuous with the cerebral nerves, and are to be considered like these latter, as conductors of irritation. This granted, it must of necessity follow that irritations which are developed in the viscera, where the great sympathetic predominates, should be communicated to the cerebral nerves, and by them conducted to the encephalic center.

It is also, equally indispensable to admit that the irritations or volitions emanating from the brain should be carried into the ganglionic nerves, and penetrate by means of these latter into the tissues in which these nerves are distributed.

There is then, reciprocity of stimulation between the encephalic and ganglionic nerves; that is to say, they serve as excitors of each other."—*Broussais' Physiology*, 1832, p. 261.

And again, "Sometimes excessive pains, even of external parts to which the great sympathetic does not extend, such as of the skin, and the articulations, determines an involuntary agitation, and may even go so far as to excite delirium, as I have seen in a most violent case of arthritis."

"To this I would reply that, all the perceptions being as I have proved, reflected from the brain to the viscera, the irritation caused by an excessive pain must be transmitted to the great sympathetic," &c., &c.—*Ibid*, p. 262.

"The cords of this nerve which plunge into the large secretors annexed to the hollow organs, as the salivary gland, the pancreas and the liver, must associate the secretions on the one side, with the mucous membrane of the alimentary canal, and on the other, with the brain," &c., &c.—*Ibid*, p. 268.

"The encephalic nerves establish relations with external bodies, and preside over the grander movements, as those of the muscular masses for locomotion."

"The great sympathetic establishes in the interior of the body, relations between the viscera, and regulates their particular movements. For the exercise of this function, it borrows stimulation from the encephalon, and transmits some to it at need."

"The great sympathetic receives stimulation from the cerebral

nerves, which are themselves indebted for it to the action of external bodies, and make use of it to bring into play the cephalo-splanchnic and splanchnic muscles, and the coats of the arteries," &c., &c. —*Ibid*, p. 272.

Mark that! Do not the above extracts, and particularly the last two contain a very clear enunciation of not only the excito-motory, but also of the excito-secretory function; and this too, even before the full elaborate demonstrative experiments of Sir Charles Bell, which established as an admitted truth the fact of the existence of the two sets of nerves in the spinal column. But even in this we are anticipating. The work in which these doctrines are enunciated was given to the world about 1832. Bichat's work had preceded by a score of years—and now by going back, even anterior to Broussais, we shall find clear expressions given to the idea involved in this theory. Thus the following extract from Pereira in regard to the experiments of Sir Benj. Brodie, published in 1811–12.

"It has been generally supposed that there were two modes by which medicines or poisons affected remote parts; these were absorption or the passage of medicinal or poisonous molecules into the blood, and by sympathy, or by an impression transmitted through the nerves."—*Pereira, Mat. Med.*, v. 1, p. 148.

And says the same author, Messrs. Morgan and Addison advocated the operation of medicines by sympathy as early as 1829.

It was about the same time, from 1824 to 1836, that Sir Charles Bell was engaged on his demonstrations of the double set of nerves, the sensitive and motor, and only two years subsequent to the last date, in 1838, that Marshall Hall announced his excito-motor theory; naturally arising from the demonstrations of Sir Charles Bell, and which in fact we may regard as a modification, or perhaps an elaboration of it, as no other system of nerves is demonstrated; but the function only. For of the existence of other sets of nerves distinct from those of Sir Charles Bell, there is no positive anatomical proof, the only proof consisting in the fact that, on the hypothesis of the existence of this system of nerves could otherwise inexplicable physiological phenomena be plausibly explained. And in truth, this was a plausible hypothesis, bearing at one time almost the force of demonstration. But at this time other hypotheses are advanced furnishing equally plausible explanation of these phenomena—thus, the hypothesis being adopted by Todd and Bowman, and which indeed, appears to be the most simple and philosophical explanation, "that the mechanism of a mental and physical nervous action are essentially



the same, differing only in the nature and mode of application of the stimulus. The same afferent and efferent fibres are exerted in the one case as in the other; the former acting as sensitive or excitor, or both; and the latter as channels for *voluntary, emotional*, or strictly physical impulses to motion."

Such was the discovery of Marshall Hall, heralded as the great discovery of the age, which has immortalized his name, like others of his leading ideas, simply by the noise in proclaiming them, and the zeal and steadfastness of purpose in making them popular, and urging their importance.

Again we will quote from Pereira: "The agents whose operation is of the kind here referred to, (electricity, heat, cold, light, mechanical irritants, corrosives, &c.,) affect remote parts by the agency of the true spinal and ganglionic system. The mode of action of those which act through the true spinal system is excited and reflex, that is, an impression is made on and carried by the incident excitor nerves to the nervous center, which, by its peculiar power, affects a remote part through the medium of its reflex motor nerves."

"The mode of operation of those agents which act through the ganglionic system is excited, and may, perhaps, also be reflex. —*Pereira, v. 1, p. 163.*

If this be not an explanation of the excito-secretory theory, applied to therapeutics, we greatly misapprehend what is claimed.

We have thus traced up the development and modifications of this idea, from the time of Bichat. We would not detract from the merit which attaches to each of these modern claimants for their elaboration and application of the truth, each in his own separate way—but we do claim that the merit of originality in the advocating the hypothesis, or in practical demonstration of the principle, can be exclusively yielded to none of them, and that a just adjudication would restore the glory to older authors, which is in danger of being snatched from them.

---

HANDSOME BEQUEST.—A valuable addition has been made to the Geological Cabinet of Yale College, of all the geological drawings of the late Dr. Mantell, of England, the distinguished author of the *Wonders of Geology*. Dr. Mantell died in 1852, bequeathing these drawings to the College. They were forwarded from Europe by Dr. Mantell's son, and have arrived at New Haven.—*Cin. Med. Obs.*

## ARTICLE II.

*The Position of Homœopathy in Europe and European Medical Schools.*

By H. S. FRIEZE, A. M., Prof. of the Latin Language and Literature in the University of Michigan.

[We publish with great pleasure the following article from the pen of Prof. Frieze, a highly intelligent and entirely unprejudiced layman, of the most unimpeachable integrity and candor, and who, it seems, by request made as careful an investigation of the condition of homœopathy in Europe as a fifteen months tour and sojourn there would enable him to do. His familiarity with the modern languages of the continent, as well as the ancient classics, together with his high character as a gentleman and his position in an American University, gave him access to all the most reliable sources of information; and no one who is acquainted with Prof. Frieze, and has any knowledge of the faithfulness with which he pursues any investigation which he undertakes, will for a moment question the thoroughness of the inquiry or the correctness of the description which he gives.

By a careful perusal of the communication, which will sufficiently explain itself as to its origin and the manner in which inquiries were made, our readers will be able to judge of the present condition of this system in Europe, and of the truth of many statements which have been made by interested partisans, of its high position and great popularity in the region of its origin.

Prof. Frieze, we presume as a matter of convenience, uses the word "allopathic" as designating regular physicians, in accordance with popular usage and the definition of the term in some of our medical dictionaries, but in opposition to what we regard as its true signification, or rather not in accordance with its inapplicability to true physicians who are bound by no exclusive system of practice, such as this restrictive name would imply.

We commend the article as containing by far the most reliable information on the subject, of any document with which we are acquainted. It contains many points which no other production within our knowledge alludes to, and is therefore of peculiar value.

EDS. PENINSULAR JOURNAL.]

University of Michigan, Sept. 15, 1857.

PROF. SAMUEL DENTON, M. D.

*Dear Sir:*—In compliance with your request and that of the other members of the Medical Faculty of the University of Michigan, I



embraced such opportunities as presented themselves during my recent visit to Europe, to obtain information on the present standing there of the homœopathic system of medicine. You desired me to obtain such general information on this subject as might be valuable, and in particular to ascertain whether any Universities, public hospitals, or government institutions, have introduced or authorized the teaching or practice of homœopathy.

I was enabled, partly by personal inquiry and partly by correspondence, to ascertain the facts in regard to nearly all the particular institutions and places to which you directed my attention, the only important exception being the University of St. Petersburg. And connected with this local information, facts of a more general character have been elicited, relating to the present position and success of the homœopathic practice on the continent.

I often conversed freely with physicians of both schools, informed them what my purpose was in making these inquiries, and that a measure was then under discussion for the establishment of a homœopathic chair in the University of Michigan. On this point it is needless to say that the allopaths were unanimous, and that they thought such a measure would be decidedly detrimental to the medical school, without advancing in the least the cause of homœopathy. The homœopaths also expressed themselves with entire frankness on this subject. Some of them had already heard of the movement and had reflected upon it with deep interest. Their opinions differed. Some considered the plan impracticable and likely to injure both systems; others thought it absurd to think of founding only *one* homœopathic professorship, saying that one was worse than none, as it would be incapable of doing justice to the system; others again thought the measure, if carried into execution, would be without any important results, either favorable or unfavorable, whether to one system or the other. These views I will refer to more particularly below.

I may remark that the conversations I listened to on the claims of homœopathy were generally characterized by a liberality and candor on both sides, which I had not been accustomed to, and which, considering the acerbity which has often attended the controversy, I was not prepared to expect.

In regard to the relations of homœopathy to the European governments, it is generally true that it is so far sanctioned by the public authorities that its physicians are everywhere licensed to practice it, after having sustained the regular examinations in the *allopathic* school, and obtained the regular degree of M. D. Their pharmacies

are also licensed in all the principal cities. I have ascertained but one instance, however, in which homœopathy has been officially patronized by the public authorities. This occurred at Naples during the last visitation of cholera there (1854), when the cholera patients in one of the public hospitals were committed to the exclusive charge of Dr. Rubini, the most eminent of the homœopathic practitioners in that city. The success of the practice on this occasion is certified in a printed report by the governor of the hospital, Nicola Forni. So far as I have been able to learn, no other government in Europe has authorized the practice.

The report in relation to the public hospitals of Vienna is an error which probably originated in the fact, that the homœopathic practice has been employed in a private hospital of that city, belonging to the Roman Catholic Charitable Society of the "Grey Sisters." This statement was made to me by Dr. Hirsch, a homœopathic physician of Vienna of fifteen years standing, who assured me that no practitioners of his school were employed in the public hospitals of Vienna. The homœopaths have established hospitals of their own in several countries on the continent, as well as in Great Britain.

On the whole, so far as concerns the European governments, from what I have stated, as well as from the letters and conversations quoted below, you will draw the conclusion that the homœopathic system has not been promoted by them, but on the contrary, that their influence has been against it, the governments of Naples and (perhaps) Russia being excepted. But many individuals high in rank and authority, and some of the princes and nobles, are numbered among its patrons. In Germany the homœopaths complain that they labor under serious disadvantages from the untoward influence of the public authorities.

You ask, "what is the position of homœopathy in the Universities?" In regard to the reports published about homœopathic professors in Universities on the continent, Professor Henderson, of the Edinburg University, a warm advocate of homœopathy, remarked to me that those reports for the most part are unreliable; and the facts, ascertained by careful inquiry, fully justify his remark. There is one University in which there is an "Honorary Professor" of Homœopathy. This is the University of Munich, and the Professor referred to is Dr. Joseph Buechner, whose title and employment, according to the catalogue, are: "*Professor Honorarius; Specielle Arzneimittellehre*"—Honorary Professor; the teaching of special Materia Medica.

You desired me to learn in regard to this gentleman: 1st. By what



influence he was appointed? 2d. Did the members of the medical faculty approve of the appointment? 3d. Has he full rank as a Professor? 4th. Is he respected by them and by other scientific men? 5th. Is it obligatory upon students to attend his lectures? 6th. Must they be examined in his department in order to obtain a degree?

My answers to these inquiries are from the venerable Dr. Ringseis, Dean of the Medical Faculty, and, at the time of my visit, Rector of the University.

1st. The appointment was made to gratify the private preferences of one high in rank and authority. 2d. The medical faculty, so far from approving, was not consulted in the appointment. 3d. He has not full rank, has no voice in the faculty, and no salary from the University. 4th. His respectability as a physician is not questioned. 5th. It is not obligatory on students to attend his course, and the number of those who attend voluntarily is exceedingly small, not more than three or four. 6th. No examination in homœopathy is prerequisite to a degree.

You desired me also to make the inquiry, whether any medical Professors in the European Universities, besides that of Munich, were friends of homœopathy, and whether they lectured upon it or practiced it, though not appointed as Professors of Homœopathy. In answer to this question, I have to say that all the physicians of both schools with whom I spoke on this subject, agreed in the statement that there were no Professors, or they knew of none at present, in the Universities of France, Germany or Italy, who were believers in the homœopathic system. Among my authorities on this point I may mention Dr. Bicking, the first homœopathic physician in Berlin, Dr. Fielitz, homœopathic physician in Brunswick, and Dr. Hirsch, homœopathic physician in Vienna. Dr. Bicking informed me that Professor Martin in the University of Jena, of whom you made mention, was no homœopath, but that he explained in his lectures the homœopathic treatment.

It should be remarked here that the homœopathic practitioners themselves are generally not well acquainted with the statistics of their school in Germany, and that a homœopathic guide for Germany is for the first time about to be published by Dr. Von Heger.

In the Universities of Italy homœopathy receives no countenance at present from any of the medical Professors. This information is derived from prominent practicing physicians, both allopathic and homœopathic, in Naples, Rome, and Genoa.

Dr. Rubini, the distinguished homœopathic physician of Naples, says that Professor Quadrie, mentioned in the London Homœopathic Journal, has been several years deceased; that in his University lectures he was in the habit of speaking on homœopathy, though he was Professor of Ophthalmic Surgery. Since his death no Professor has introduced the subject of homœopathy into his lectures, and no one at present favors the system.

Dr. Pantaleoni, one of the most eminent among the regular physicians at Rome, in reply to my inquiries writes as follows:

“The practice of homœopathy is tolerated (by the Roman government), although it has never been publicly approved of. A homœopathic pharmacy has been opened this year, and that with the consent of the government. Not only it does not prevail among the Romans, but is generally laughed at. No Roman physician of any scientific or practical reputation has adopted it. Four or five young, or yet unknown, medical men have introduced it. Although two of the Secretaries of State in succession (the most powerful and influential) were devoted to homœopathy, it has never been introduced into the hospitals or the army, nor into any charitable institutions, nor professed by any one in the University or in public institutions.

Several of the most distinguished and richest families have employed a foreign homœopathic physician, and are enthusiastically attached to homœopathy.”

In regard to Genoa, as I had no opportunity, when there, to visit the University, our gentlemanly Consul at that port, A. Herbmont, Jr., Esq., made the inquiry you desired and addressed to me the following note:

Genoa, August 8, 1856.

*Dear Sir:*—In answer to yours of the 29th, I beg leave to state that I have made inquiries of a practicing physician of standing at this place, and learn that there is no Professor in any College of Sardinia who is in favor of the homœopathic system.

There is in Genoa a homœopathic pharmacy, and there are also practitioners here of homœopathy, but none connected in any way with the University or public Colleges.

Very respectfully, &c.

A. HERBMONT, JR.,  
U. S. Vice Consul.

So much in regard to the institutions of Germany and Italy.



In addition to this, you request me to learn something about the professors alleged to be friends of homœopathy in the Universities of Barcelona and Edinburgh.

I made no visit to Spain, but addressed a note to Dr. Folch, Dean of the Medical Faculty of the University of Barcelona, from whom I received a very courteous answer. This is the only information I obtained from that country. The writer declares himself as holding the system of homœopathy in much esteem, and represents that he has practiced it on many patients with good results; but that he is not an exclusive homœopathist, regarding himself as a true eclectic. He expresses his belief that "Medical Science should study this system and compare it with others which have presented themselves."

As to the facts respecting the teaching of the System, he says that none of his colleagues advocate homœopathy since Dr. Felix Janer left the University in 1845, who for two years preceding that time, gave public lectures upon the subject, in his Chair of "Clinica Interna" in the institution. Dr. Janer is now in the University of Madrid, and is represented as a strenuous supporter of the System, though he does not lecture on it in consequence of the position of the government. Dr. Folch's letter proceeds to state that the supreme government has ordered that all professors in the Universities of Spain shall confine their lectures to the subjects contained in the text books designated by itself, and that no work on homœopathy is designated as a text book; hence no lectures are given upon the subject in any of the schools. He further says that, "homœopathy is practiced in Barcelona by several physicians, among whom is a professor of Anatomy, and secures much favor among respectable classes, and prevails to a considerable extent among the lower orders—that the physician of a provincial hospital employs it with good success, and that there are others who practice the system in nearly all the principal towns in Spain.

From this account, homœopathy appears to be better regarded in Spain than in any of the countries of Europe which I visited, and where I had an opportunity of obtaining information by observation and from a variety of sources.

In order to meet your enquiries in regard to the University of Edinburgh, when in that city I called upon several physicians, and among others, upon the distinguished Professor of Pathology in that University, Dr. Henderson, who embraced the views of the homœopathic school some time after his appointment to his present chair.

Professor Henderson applies the homœopathic system to his private practice, except that in extreme cases he resorts to bleeding. In his lectures, however, he has neither the disposition nor the opportunity to introduce the subject. No other medical professor in Edinburgh is known to be a believer to any extent in homœopathy, excepting Dr. Gregory, Professor of Chemistry, who is not a practicing physician, and has no occasion to mention homœopathy in his lectures.

The allopathic physicians and professors of Edinburgh say that Professor Henderson would be removed were he to teach homœopathy, and that the fact of his adopting that system in his private practice has injured the reputation, and proved detrimental to the prosperity of the Medical School. The homœopaths, on the other hand, affirm that the number of students has increased, though Professor Henderson does not think that that circumstance has any connection with his private views and practice, or that these affect the institution in any way. Dr. Henderson is regarded by the faculty as a man of superior talent and acquirements.

Dr. Henderson remarked to me that he had reflected much on the proposed homœopathic chair in the University of Michigan. "He would not recommend the introduction of a Professor of Homœopathy into an allopathic school; he regarded the teaching of the two systems in the same faculty as an impossibility, because they are antagonistic, and the one must destroy the other. Nothing, in his opinion, would meet the views of those who desire to establish professorships in homœopathy but the institution of separate and independent colleges.

This opinion of Professor Henderson differs somewhat from that of Dr. Bicking of Berlin, who, in speaking on the same subject, did not express himself as opposed to teaching both systems in the same institution, but to the idea of founding only one professorship; which he thought would do more harm than good to the cause of homœopathy.

After the statements I have already made, it is hardly necessary that I should say anything in relation to the general standing and success of homœopathy in Europe, as that can be readily inferred from these statements. Its success has been widely different in different localities. Dr. Folch's letter, as before remarked, shows that it enjoys a higher position in Spain than in any other country. Elsewhere on the continent, the system is generally regarded by scientific men, except by its own practitioners, as having no claim to be ranked as a science, or as a department of medical science. The homœopaths themselves, however, are generally respected even



by those who scout their system; for they are almost invariably, and indeed of necessity, men of thorough education in the science of medicine, and I remember no instance in which they were not individually well spoken of by their opponents.

As to the extent of their practice in the principal cities of the Continent, I learned that the number of their physicians in Paris was about seventy-five, and about the same in Vienna. In Munich the number is about forty, in Naples eight, and in Berlin still less.\* In the smaller cities the popularity of the system is equally variable.

In conclusion I must apologize for the meagreness and imperfection of the information I have gathered, and beg you to attribute that fault to no want of interest in satisfying the wishes of the medical faculty, but to the limited opportunities afforded by a rapid tour, and a brief residence on the Continent, for obtaining information on a subject which covers so much ground, and involves such a variety of details, and which, at the same time, has been so little investigated hitherto.

Very truly and respectfully yours,

H. S. FRIEZE.

---

### ARTICLE III.

---

#### *The Origin and Present Condition of St. Mary's Hospital, Detroit.*

---

The following paper, written for submission to a superior ecclesiastical authority, has been, as a special favor, placed in our hands through the instrumentality of a particular friend, by whom permission was obtained for us to publish such parts of it, as might be thought of public interest. Looking with especial pleasure ourselves upon embryonic existences, and watching with interest their approaches to maturity, whether it be of individual beings or of institutions, we have made the largest use of the discretion vested in us by placing it entire before our readers, trusting that the same motive which animates us, will actuate our readers, whether it be resolved into a feel-

---

\* We have not before us the number of medical practitioners in these various cities, but in nearly all civilized countries there is at least one physician to every thousand inhabitants. Taking this ratio as a basis, there are over 1000—perhaps 1100 medical men in Paris, and between 400 and 500 in Naples. In Paris, then, there is one homœopath to from 13 to 15 physicians; and in Naples, one to about 60; and the proportion in the smaller towns will be found to be much less still.

Eds.

ing of curiosity or a more elevated purpose of inquiry, and will, by inducing them to peruse it, justify the appropriation of so much of the space ordinarily allotted to original communication, to this purpose.

Whatever of diversity there may be in our views of the solidity of the foundation on which these self-denying ladies build their hopes of an eternal recompense, in taking upon themselves the vows of poverty and social self-denial, we find ourselves compelled to admit that the same amount of corporeal suffering cannot be relieved by any other instrumentality which has yet been devised, at the same pecuniary expense, as is done in houses managed by this particular order of the catholic church.

Whilst we bespeak forgiveness for the freedom with which we have used the manuscript, we hope our own immediate fellow citizens will carefully examine its contents, from which they will learn how much relief from sickness and want may be traced through this institution to their own munificence.

We take advantage of the occasion presented by the publication of this unpretending narrative of the efforts by which St. Mary's Hospital has become an established institution of the city, and more recently a nucleus of the Clinical School endowed by the Regents of the University, to publish also a list of the surgical operations which have been performed at the house during the period to which the narrative relates, with names of the gentlemen attached by whom they have been done. EDS.

#### ST. MARY'S HOSPITAL, DETROIT, MICH.

This Institution was commenced in A. D. 1845, there being at that time, no place of refuge for the afflicted portion of the human family in Detroit, which emergency suggested to our venerable Bishop, the Rt. Rev. P. P. Lefevere, and the Daughters of St. Vincent de Paul, the idea of commencing this humble retreat, without any funds or prospect of support, but public charity, and the bounty of Divine Providence.

Accordingly, that portion of the Sisters' residence fronting on Larned street, consisting of three dilapidated buildings were fitted up for a temporary hospital, and on the 9th of June, 1845, it was opened by the reception of its first patient, R. B., an Englishman by birth, and a Protestant, afflicted with an ulcerated leg, which had been neglected for weeks before admission. Thus commenced this now considerable Institution.



It may prove satisfactory to the friends of the Institute of which it has many among the respected citizens of Detroit, to know the number of patients received into the Hospital from the beginning to the present date; therefore we will subjoin a list as accurately as possible. Firstly, for the six years, whilst inhabiting the old Hospital, under the title of St. Vincents', on Larned street, near Randolph.

It is to be regretted that we cannot give the exact ratio of the nativity and religious predilection of our patients during this period, but we may venture to say that one-third at least were protestants of various denominations, and the same ratio of Native Americans.

Of the Sisters of Charity who had the happiness to begin this labor of love, two (Loyola, Sister Superior, who died of cholera, and Sister Rebecca, of scirrhus—both Americans) have sacrificed their lives in the cause of charity.

The medical and surgical department of the Hospital was superintended from the beginning by the lamented DR. H. LEMCKE, until the latter part of 1849, when this gentleman resigned the charge on account of an appointment in the U. S. army, as assistant surgeon, in the regiment of Michigan volunteers, to go to Mexico. In this conjuncture, the Rt. Rev. Bishop and the Sisters, very naturally, felt embarrassment at the loss of one who had in every respect given satisfaction and proved himself so worthy of his high, and we may say sacred calling. But the eye of the all-seeing God watched over the interests of the house of His suffering members, and the *hand of His Providence* led forth Professor ZINA PITCHER, to whom He, in His infinite wisdom, saw fit to confide the temporal welfare of His flock. Dr. Brodie, Dr. M. Stewart, Dr. E. P. Christian, and Dr. E. Batwell, aided him from time to time, in his faithful and successful practice.

#### FIRST PERIOD.—1845.

During this year were received, male Patients, 35  
Female Patients, - - - - - 13

Total, - - - - - 48

Deaths of Males, - - - - - 4  
Deaths of Females, - - - - - 2

Total, - - - - - 6

Protestants, - - - - - 17  
Catholics, - - - - - 21  
Unknown, - - - - - 10

## 1846.

Received, Male Patients,	-	-	-	-	85
Do. Female Patients,	-	-	-	-	40
					<hr/>
Total,	-	-	-	-	125
Deaths of Males,	-	-	-	-	11
Do. Females,	-	-	-	-	1
					<hr/>
Total,	-	-	-	-	12

## 1847.

Received, Males,	-	-	-	-	120
Do. Females,	-	-	-	-	80
					<hr/>
Total,	-	-	-	-	200
Deaths of Females,	-	-	-	-	15
Do. Females,	-	-	-	-	2
					<hr/>
Total,	-	-	-	-	17

## 1848.

Received, Males,	-	-	-	-	155
Do. Females,	-	-	-	-	75
					<hr/>
Total,	-	-	-	-	230
Deaths of Males,	-	-	-	-	29
Do. Females,	-	-	-	-	10
					<hr/>
Total,	-	-	-	-	39

## 1849—CHOLERA YEAR.

Received, Males,	-	-	-	-	184
Do. Females,	-	-	-	-	87
					<hr/>
Total,	-	-	-	-	270
Deaths of Males,	-	-	-	-	30
Do. Females,	-	-	-	-	13
					<hr/>
Total,	-	-	-	-	43

## 1850—CHOLERA YEAR.

Received, Males,	-	-	-	-	229
Do. Females,	-	-	-	-	81
					<hr/>
Total,	-	-	-	-	310
Deaths of Males,	-	-	-	-	27
Do. Females,	-	-	-	-	14
					<hr/>
Total,	-	-	-	-	41



Discharged Convalescent,	-	-	-	-	200
Do. Improved,	-	-	-	-	59
Do. Incurable,	-	-	-	-	7
Do. For Misconduct,	-	-	-	-	3

In the fall of this year the new Hospital on Clinton street being nearly finished, the Sisters made arrangements to enter with their patients, as early as possible. Accordingly on the 6th day of Nov. the family of St. Vincent's old Hospital, consisting of 23 patients, 15 of whom were at the expense of the city and county of Wayne, at \$1.50 per week, the remaining 8 entering free, 2 domestics and 9 Sisters of Charity removed to the new building, which then took the name of "St. Mary's," at the request of Madame Antoine Beaubien, who had generously donated the lot of ground on which the Hospital now stands; and during the months of November and December, 61 patients were admitted, 6 of whom were free, giving us in all 14 free patients at the beginning of the new year. This number (though less than the truth) we will give as an average one of free patients annually maintained in the Hospital ever since.

The Institution, as it stands, has cost about \$26,000, to which the citizens of Detroit, protestants as well as catholics, have contributed in the sum of \$10,000, mostly in cash, partially in building materials. The balance has been provided by the Rt. Rev. Bishop P. P. Lefevre, aided by his Vicar-general, the Very Rev. P. Kindikins, but it is still indebted to the amount of \$1,400.

#### SECOND PERIOD—1851.

Received, Males,	-	-	-	-	302
Do. Females,	-	-	-	-	135
Total,					437
Deaths of Males,	-	-	-	-	47
Do. Females,	-	-	-	-	7
Total,					54
Discharged Convalescent,	-	-	-	-	236
Do. Improved,	-	-	-	-	142
Do. Unimproved,	-	-	-	-	5
The number of Catholics,	-	-	-	-	220
Do. Protestants,	-	-	-	-	184
Do. Unknown,	-	-	-	-	33

#### PLACES OF NATIVITY.

United States,	-	-	-	-	122
Canada,	-	-	-	-	2
England,	-	-	-	-	44

Ireland,	- - - - -	172
Scotland,	- - - - -	15
Wales,	- - - - -	1
Belgium,	- - - - -	3
France,	- - - - -	3
Germany,	- - - - -	21
Norway,	- - - - -	9
Hungary,	- - - - -	1
Poland,	- - - - -	4
Unknown,	- - - - -	39

During this year our city was visited consecutively by ship fever and scarlatina in the spring, cholera in summer, and small pox and scarlet fever in fall and winter months.

On the 3d of June, our good City Samaritan, L. B. Willard, Esq., brought to the Hospital a distressed family consisting of twelve members, who had contracted ship fever, on their voyage from Ireland. The father died some days previous, in a house on Atwater street, and the remaining twelve, a mother and eleven children, were in a hopeless condition. Nevertheless they all recovered under the judicious treatment of our indefatigable physician, and wonderful to relate, out of thirty cases of malignant typhus, which occurred during the months of May, June and July, not one proved fatal.

#### 1852—A YEAR OF CHOLERA.

Received, Males,	- - - - -	389
Do. Females,	- - - - -	131
Total,	- - - - -	520
Deaths of Males,	- - - - -	51
Do. Females,	- - - - -	17
Total,	- - - - -	68
Discharged Convalescent,	- - - - -	382
Do. Improved,	- - - - -	61
Do. Unimproved,	- - - - -	9
Protestants,	- - - - -	254
Catholics,	- - - - -	249
Unknown,	- - - - -	17

#### PLACES OF NATIVITY.

United States,	- - - - -	139
Canada,	- - - - -	9
England,	- - - - -	31
Ireland,	- - - - -	197
Scotland,	- - - - -	14
Wales,	- - - - -	2
France,	- - - - -	7



Germany,	-	-	-	-	-	-	98
Hungary,	-	-	-	-	-	-	1
Norway,	-	-	-	-	-	-	2
Sweden,	-	-	-	-	-	-	2
Belgium,	-	-	-	-	-	-	3
Muscovia,	-	-	-	-	-	-	2
Switzerland,	-	-	-	-	-	-	3
Bavaria,	-	-	-	-	-	-	3
Unknown,	-	-	-	-	-	-	7

## 1853.

Received Males,	-	-	-	-	-	-	510
Do. Females,	-	-	-	-	-	-	91

---

Total, - - - 601

Deaths of Males,	-	-	-	-	-	-	52
Do. Females,	-	-	-	-	-	-	19

---

Total, - - - 71

In the number of deaths in this year, 7 resulted from intemperance, all educated and once respectable men, 4 professional. One died thirty minutes after admission, the others in some hours.

Discharged Convalescent,	-	-	-	-	-	-	463
Do. Improved,	-	-	-	-	-	-	58
Do. Unimproved,	-	-	-	-	-	-	9

Catholics,	-	-	-	-	-	-	227
Protestants,	-	-	-	-	-	-	298
Hebrews,	-	-	-	-	-	-	2
Unknown,	-	-	-	-	-	-	74

## PLACES OF NATIVITY.

United States,	-	-	-	-	-	-	121
Canada,	-	-	-	-	-	-	9
England,	-	-	-	-	-	-	61
Ireland,	-	-	-	-	-	-	160
Scotland,	-	-	-	-	-	-	21
Norway,	-	-	-	-	-	-	7
Germany,	-	-	-	-	-	-	111
Palestine,	-	-	-	-	-	-	2
Italy,	-	-	-	-	-	-	1
Belgium,	-	-	-	-	-	-	3
France,	-	-	-	-	-	-	7
Holland,	-	-	-	-	-	-	7
Switzerland,	-	-	-	-	-	-	8
Unknown,	-	-	-	-	-	-	83

## 1854—CHOLERA AND SMALL POX.

Received Males,	-	-	-	-	-	-	881
Do. Females,	-	-	-	-	-	-	289

---

Total, - - - 1170

Deaths of Males,	-	-	-	-	-	140
Do. Females,	-	-	-	-	-	35
Total,						175
Protestant,	-	-	-	-	-	598
Catholics,	-	-	-	-	-	365
Unknown,	-	-	-	-	-	144

Among the number of Protestants in this year was an English Methodist Episcopal Minister and his lady, and one Scotch Presbyterian Minister; the two last deceased.

## PLACES OF NATIVITY.

United States,	-	-	-	-	-	258
Canada,	-	-	-	-	-	13
England,	-	-	-	-	-	69
Ireland,	-	-	-	-	-	221
Scotland,	-	-	-	-	-	27
Germany,	-	-	-	-	-	332
Norway,	-	-	-	-	-	47
Sweden,	-	-	-	-	-	11
France,	-	-	-	-	-	23
Belgium,	-	-	-	-	-	7
Switzerland,	-	-	-	-	-	7
Bohemia,	-	-	-	-	-	9
Bavaria,	-	-	-	-	-	5
Spain,	-	-	-	-	-	3
Italy,	-	-	-	-	-	2
Unknown,	-	-	-	-	-	136

In going over the records of this year, it brings to our memory many scenes which naturally create feelings mingled with pain and pleasure—pain at the remembrance of the great amount of intense suffering of the poor cholera stricken victims, and pleasure in that of the noble and benevolent exertions of our good City Fathers and County and Marine Superintendents, through the ministration of our model Poor Master L. B. Willard, Esq., who himself brought or sent at all hours of the day, and often in the dead hour of the night, poor victims of the fell destroyer, supporting himself the tottering limbs of some poor creature to our doors, and after admission helping with his own hands to alleviate the excruciating pain of their cramped extremities. And we were equally edified at the generous care that the Superintendents of the Michigan Central Rail Road Company took of all the poor emigrants who fell victims on their trains, in the persons of Messrs. Brooks and Rice, who paid honorably all the hospital expenses for said emigrants, and also interred the bodies of the deceased, at the expense of \$5 each. May Heaven reward them in the



kingdom of bliss, and may their example be a lesson to the rising generation!

## 1855—SMALL POX YEAR.

Received Males,	-	-	-	-	-	681
Do. Females,	-	-	-	-	-	227
Total,	-	-	-	-	-	908
Deaths of Males,	-	-	-	-	-	49
Do. Females,	-	-	-	-	-	18
Total,	-	-	-	-	-	67
Catholics,	-	-	-	-	-	347
Protestants,	-	-	-	-	-	396
Religion unknown,	-	-	-	-	-	160
Hebrews,	-	-	-	-	-	5
Discharged Convalescent,	-	-	-	-	-	721
Do. Improved,	-	-	-	-	-	115
Do. Unimproved,	-	-	-	-	-	5

## PLACES OF NATIVITY.

United States,	-	-	-	-	-	203
Canada,	-	-	-	-	-	29
England,	-	-	-	-	-	31
Ireland,	-	-	-	-	-	230
Scotland,	-	-	-	-	-	21
France,	-	-	-	-	-	19
Spain,	-	-	-	-	-	2
Portugal,	-	-	-	-	-	3
Belgium,	-	-	-	-	-	5
Germany,	-	-	-	-	-	218
Switzerland,	-	-	-	-	-	5
Norway,	-	-	-	-	-	7
Unknown,	-	-	-	-	-	135

## 1856.

Received Males,	-	-	-	-	-	534
Do. Females,	-	-	-	-	-	259
Total,	-	-	-	-	-	790
Deaths of Males,	-	-	-	-	-	49
Do. Females,	-	-	-	-	-	19
Total,	-	-	-	-	-	68
Catholics,	-	-	-	-	-	308
Protestants,	-	-	-	-	-	292
Hebrews,	-	-	-	-	-	5
Unknown,	-	-	-	-	-	185

Discharged Convalescent,	556
Do. Improved,	163
Do. Unimproved,	3

## PLACES OF NATIVITY.

United States,	171
Canada,	22
England,	51
Ireland,	208
Scotland,	43
France,	31
Germany,	131
Belgium,	23
Holland,	3
Bavaria,	2
Unknown,	105

1857.

From January 1st to June 30th,

Received Males,	239
Do. Females,	100

Total,	339
--------	-----

Deaths of Males,	18
Do. Females,	8

Total,	26
--------	----

Discharged Convalescent,	240
Do. Improved,	99
Do. Incurable,	1

Catholics,	179
Protestants and Unknown,	160

From January 1st, 1857, to June 30th, there were under treatment in Hospital 80 patients who had been received during the latter end of 1856, besides 10 or 12 permanent cases.

The annual disbursements of the Hospital for the last five years, one year with another, average \$951.40. The receipts from the various resources, namely: U. S. Marine Fund, City and County Funds, pay patients, charity sermons, donations, legacies, fairs and excursions, have just enabled us to keep out of debt.

We regret that time will not allow us at present to give the numbers of seamen, city and county patients received since our entrance into the new Hospital, together with the respective amounts of cash from each fund.

For the last three years we have been receiving from the United States for its sick and disabled mariners \$2 per week for board and



35 cents per day for medicine and medical attendance, the latter not to exceed eighteen days for each term of sickness. But by a late contract made with the Hospital by John H. Harmon, Esq., we are to receive from January 1st, 1857, till the opening of the Detroit Marine Hospital \$2.50 weekly for board and 35 cents a day for medicine and medical attendance, not to exceed twenty days for each term of sickness.

From the city and county we receive weekly for each patient \$2.50 for board, medicine and medical attendance, and from those who pay for themselves, from \$2 to \$5 per week.

We may consider all who are under \$3 per week, charity patients; but besides these we receive and support free as many as the limited means of the Hospital will in justice allow. At present we have 17 free patients in the house and 87 under the various responsibilities—62 males and 42 females, 78 catholics and 26 protestants.

To the City Fathers and Officers, to the Officers of the Custom House, to the Superintendents of the Wayne County Poor, Michigan Central and Pontiac Rail Road Companies, and to all our respected Citizens of Detroit who have befriended and aided us in the care of our dear Master's the poor sick, we sincerely return our most grateful thanks, and pray Heaven to bless all with a hundred fold in this life and eternal happiness in the world to come.

SR. MARY DESALES TYLER.

### SCHEDULE OF OPERATIONS.

*which have been performed at St. Mary's Hospital up to the 30th of June, 1857,  
and name of the Operator.*

Drs. A. R. TERRY and G. B. RUSSEL.

Amputation of Membrum Virile.	-	-	-	-	-	1
-------------------------------	---	---	---	---	---	---

Dr. A. R. TERRY.

Amputation of Foot, . . . . . 1

Operation for Hydrocele,	-	-	-	-	-	-	-	1
--------------------------	---	---	---	---	---	---	---	---

Operation for Cirsocele,	-	-	-	-	-	-	-	-	1
--------------------------	---	---	---	---	---	---	---	---	---

Operation for Hæmorrhoids,	.	.	.	.	.	.	1
----------------------------	---	---	---	---	---	---	---

Dr. C. S. TRIPLER, U. S. Army.

Amputation of the Thigh, - - - - - 1

Extraction of Shaft of Humerus, - - - - -	1
---	---

Operation for Cataract (Depression), . . . . . 1

Dr. J. B. BROWN, U. S. Army.

Ligation of Carotid,	-	-	-	-	-	-	-	1
----------------------	---	---	---	---	---	---	---	---

Extraction of Shaft of Tibia (Necrosis), - - - - - 1

Amputation of Metacarpal Bones,	-	-	-	-	-	1
---------------------------------	---	---	---	---	---	---

## Dr. WM. BRODIE.

Amputation of Thigh, - - - - -	5
Amputation of Metacarpal Bones, - - - - -	4
Amputation of Metatarsal Bones, - - - - -	2
Operation for Cataract (Depression), - - - - -	2
Operation for Stricture (Symes), - - - - -	1
Operation for Varicocele, - - - - -	1
Operation for Entropion, - - - - -	2
Operation for Phymosis, - - - - -	3
Operation for Pterygium, - - - - -	2
Operation for Paracentesis Abdominis, - - - - -	2
Operation for Fistula in Ano, - - - - -	2
Operation for Removing Ovarian Tumor, - - - - -	1
Operation for Fungus of Antrum, - - - - -	1
Operation for Polypus Nasi, - - - - -	1
Operation for Abscess of Tibia, - - - - -	1
Operation for Removal of Enchondroid Tumor of Pelvis, - - - - -	1
Operation for Spina Ventosa, - - - - -	2
Operation for Necrosis of Femur, - - - - -	1

## Dr. MOSES GUNN, Professor of Surgery, University Michigan.

Operation for Ununited Fracture of Femur, - - - - -	1
Operat. for Removal of Scirrhus Tumor on the Trapezius Muscle, - - - - -	1
Exsection of Head and Shaft of Humerus (case published), - - - - -	1

## Dr. EDWARD BATWELL.

Amputation of Leg (Flap Operation), - - - - -	1
Operation for Talipes Equinus, - - - - -	1
Operation for Paracentesis Abdominis, - - - - -	6
Operation for Removal of Caries of Tibia, - - - - -	1
Operation for Removal of Metacarpal Bone, - - - - -	1
Operation for Hydrocele, - - - - -	1

## Dr. Z. PITCHER.

Amputation of Mammary Gland, - - - - -	3
Operation for Cataract (Depression), - - - - -	1
Operation for Hydrocele, - - - - -	2
Operation for Cirsocele, - - - - -	3
Operation for Ununited Fracture of Femur, - - - - -	1
Operation for Paracentesis Abdominis, - - - - -	3

Whole number of operations, - - - - - 70

During this time 50 Fractures have been treated and 4 Luxations removed.

Whole number of Fractures and Luxations, - 54

---

**HABITUAL CONSTIPATION.**—Dr. Haughton says: In obstinate cases of this kind you will find the following a very capital pill: half a drachm of extract of henbane, one scruple of extract of colocynth, and three grains of extract of nux vomica, made into twelve pills—one to be taken night and morning.—*Med. & Surg. Reporter.*



## ARTICLE IV.

[TRANSLATIONS.]

The following abstracts of memoirs, presented to the Academy of Sciences, we find in the September number of the *Comptes Rendus* under the title:

*“Physiology, viz: Experimental Researches on the Spinal Cord, in reply to a recent note of M. Brown-Sequard. By M. A. CHAUVÉAU.*

FIRST EXPERIMENT.—I exposed the spinal cord of a pigeon on a level with the lumbar enlargement, and divided the right half of the organ. The toes of the same side were immediately paralyzed. Then with a forceps I pinched the toes of the paralyzed foot, but was unable to excite anything, but slight reflex movements, sometimes in the same foot and sometimes in both feet, but very rarely in other parts of the body. The bird gave not the slightest manifestation of pain during the experiment. Irritation of the opposite foot, on the contrary, gave rise to the most lively signs of suffering, the bird making general and repeated efforts to escape from the hands of the operator.

The results furnished by this experiment are neat, precise and moreover they are constant. They admit, by no possibility, of more than one interpretation: On the one hand, absolute loss of sensibility on the side of the section; on the other, complete preservation of that property on the opposite side; sensitive impressions, then, do not cross in the cord, to be conducted by the opposite side.

SECOND EXPERIMENT.—After having exposed the same part of the cord in another pigeon, I plunged the stylet quite perpendicularly toward the center, in such a manner as to destroy the internal border of the left superior column; then all of the right side was crushed with the instrument, leaving nothing undivided but the lateral and posterior columns of the left side. This operation the peculiar structure of the lumbar portion of the cord in the bird rendered at once sure and easy; yet after this operation, notwithstanding the complete interruption of continuity of the grey substance of the cord, sensibility remained in the left side quite as perfectly as if the right half alone had been divided. This proves categorically that the grey substance is not the conductor of sensitive impressions to the *sensorium commune*.

These experiments, when performed upon mammifera, gave analogous results. In these animals, however, the reflex movements de-

terminated in parts that retained sensibility, by the irritation of paralyzed organs, were very painful. The overlooking of this circumstance has led to erroneous conclusions."

The results obtained by M. Chauveau are directly opposed to the deductions of M. Brown-Sequard, and the whole subject will require new investigations.

---

*Note on the Influence of Medicines on Glycogenesis.* By M. COZE.

"In concluding his memoir the author presents this resumé of the results deduced from his researches:

#### PHYSIOLOGICAL CONDITION.

1st. The mode of death causes a variation in the quantity of sugar in the liver. The more slowly death occurs, the greater is the diminution in the quantity of sugar.

2d. The proportion of sugar in the arterial blood is to that of the liver as 1 to 11.

#### PATHOLOGICAL CONDITION—INFLUENCE OF MEDICINES.

1. *Chlorhydrate of Morphine*.—Under the influence of this medicine the sugar of the liver augments more than twofold. It increases from 0.59 to 1.39. The quantity of sugar in the arterial blood is augmented from 0.05 to 0.11. The relative quantity of the sugar of the arterial blood and of the liver remains the same as in the normal condition. The pulmonary combustion is then neither augmented nor diminished. The augmentation of the sugar under the influence of morphine is an argument against the employment of opium in the treatment of diabetes. It explains the failure of that method of treatment as verified in the experience of many physicians. No sugar was observed in the urine.

2. *Antimony Tartrate of Potash*.—Under the influence of this medicine the quantity of sugar in the liver remained unchanged, being nearly the same as in the normal condition. The quantity in the arterial blood was increased precisely twofold. The proportion of the sugar of the blood and of the liver had therefore diminished one half, being now as 1 to 6. From this fact we may conclude that the combustion of sugar in the lungs is hindered, and this power is probably due to the influence of the Ant. Tart. Pot. We may here find some explanation of the power of this article in pneumonia. No sugar was detected in the urine.

In conclusion; the mode of action and influence of Morphine and Ant. Tart. Pot. in the production and combustion of glycose are com-



pletely opposed to each other: the former augments the quantity of sugar in both the liver and in the arterial blood; the latter exerts no influence on the production of glycose in the liver, but increases the quantity in the arterial blood.

The experiments here reported are the commencement of a memoir in which it is proposed to investigate the action of the most important medicines upon the function of glycogenesis. My object in submitting it to the judgment of the Academy is to indicate the laborious method in which the study of influence of medicinal substances should be prosecuted, and the necessity of giving the most minute and careful attention to the reactions of the animal economy."

---

*Upon the Decomposition of Ether and the Formation of Carbonic Acid Gas during Anæsthesia.* By M. OLZANAM.

"In a previous memoir, presented to the Academy in December 1856, I laid down this general law: "All volatile or gaseous carbonized bodies are endowed with anæsthetic properties, and the higher the degree of carbonization, the more decided is the power possessed;" and I have confirmed this law by the study of carbonic oxide gas. In the prosecution of this course of researches I propose now to demonstrate that the various ethers only act as anæsthetics, after being decomposed into carbonic acid gas, and solely in consequence of that decomposition. When we consider that 1st, ether is a substance rich in carbon; 2d, that, according to the researches of M. M. Fille and Blandin, an etherized animal exhales twice the normal quantity of carbonic acid; 3d, that the inhalation of non-carbonated gas does not augment the carbonic gas exhaled—we shall be led to the legitimate conclusion that during etherization an increased quantity of carbonic acid has been generated, at the expense of the new substance that has been absorbed. In other words, when ether has been respired, it is decomposed in the circulation, and that decomposition gives rise to an abundant formation of carbonic acid gas.

But we are now acquainted with the anæsthetic properties of carbonic acid gas: arrest of hematosis, paralysis of the nervous system, all the phenomena of insensibility even to apparent death are then realized. It is evident then, that under this new form resulting from decomposition, ether exerts its stupifying and anæsthetic power upon the nervous system.

What occurs in the case of ether, must also, without doubt, take place with chloroform, amyline and other anæsthetic substances; each of them, according to their chemical affinities, may be decomposed into either carbonic acid or carbonic oxide."

A. S.

## ARTICLE V.

*From our Chicago Correspondent.*

The pressure of hard times makes itself felt on all classes. Medically it affects the revenues of our profession by cutting off all the lighter kinds of business, where persons would like a physician, but do not feel necessitated to it. Collections also are impeded as a matter of course.

Rush Medical College opened as usual at the beginning of November. I am informed that there are about 80 or 90 students, a rather less number than last year.

One of the periodical fusses on the subject of dissection *material* has occurred. One of the grave diggers in the cemetery found that the occupants of certain holes in the potter's field had gone to better quarters. It seemed to his righteous soul that, although it was proper to bury the pauper like dead dogs, to save expense to the city, it was not proper to dissect them, to save the lives of the citizens. Therefore he revealed the matter to an undertaker. The undertaking shocked the undertaker, and he vented his holy horror by informing two members of the city council, how the doctors were undermining the groundwork of his undertakings. The two Aldermen belonged to the genus *granny*, and it seemed to them to be a *grave* matter, and that there was *ground* of alarm, because the dead came out of the *ground*, notwithstanding the very act of resurrection proved that the *subjects* of their fears were *groundless*. Therefore they patted their Aldermanic stomachs where their souls lay, and having pledged the officers controlling the city treasury to foot the bill, they hired a detective police agency to watch the cemetery. The result was that the City Sexton was caught in a buggy and four subjects were captured with him. A student was arrested next day, but was discharged, there being no evidence against him. The Sexton is on bail. The two most rabid political papers here, the *Times* and the *Tribune*, vied with each other in a disgraceful tirade in the low style suited to move an ignorant rabble against the sin of getting bodies for dissection. They are fighting still over the question of whether the wicked Sexton was a Republican or a Democrat. It is very mortifying to see that, after all that has been done to enlighten public opinion on the necessity of practical anatomy, prominent papers think it necessary to talk of the penitentiary and other legal persecutions as the proper reward for the pursuit of knowledge.



Our hybrid City Hospital still remains unhatched. I think it will never go into operation on the mixed plan. The health of the city is excellent, there being nothing remarkable in the type of diseases.

A gentleman, named Guild, a member of the Chicago Academy of Natural Sciences, has undertaken to collect a cabinet of *Vegetable Pathology* for the Academy. If his enterprise is well carried out, he will open up a comparatively new department of science, and will perhaps be able to throw great light on some points of human pathology.

Yours truly,

X.

---

## SELECTIONS.

---

### MODERN THERAPEUTICS.

The great aim and end of medical science is to cure disease. The investigations of anatomy, the researches of physiology, the exploration of medicinal agents in the domain of natural history, all tend to the one great object, the alleviation of suffering and of pain. The pathologist and the morbid anatomist may discover the causes which poison the fluids or disarrange the solid textures of the body; but their science is of little value in the eyes of the public, unless they also devise remedies for the restoration of the affected parts to a healthy state. Mankind, in all ranks and in all countries, will naturally fly for succor, in the hour of sickness and infirmity, to him who possesses the power, or to him who pretends to possess it, of most effectually curing human maladies. One pretender affects to cure all his patients by drastic pills of gamboge and colocynth; another cures or kills them with lobelia and cayenne pepper; a third set of quacks allow the sick to perish, while they amuse them by the administration of inert and useless globules; a fourth sluice their victims with hot and cold water, and if they escape from death, their cases are called cures. The newspapers teem with advertisements in praise of Dr. Locock's infallible tincture, of Widow Wench's wonderful pills, of Professor Belloway's miraculous ointment, of Dr. Broadway's inestimable balsam; and the public buys the tincture, and the pills, and the balsam, and the ointment, and the government derives a large revenue from the stamps, and the cunning people behind the scenes, who compound the medicines, pocket immense incomes, while they laugh in their sleeve at the folly and credulity of their dupes.

But, putting out of the question the pretensions of quackery, it is indisputable that the records of legitimate medicine, so far as treatment is concerned, contain such a heterogeneous assemblage of differ-

ent and often conflicting views, as to give rise in some quarters to the conclusion, which is not unnatural, that the principles of medicine are really unsettled, and that the art itself is purely an arbitrary one, depending on the caprice of the practitioner.

Still, those who draw such hasty inferences from imperfect data, should be informed that medicine, in its very nature, cannot be regarded as a mathematical science; for the circumstances are so continually changed by a host of modifying influences, that the results must necessarily be as various as the conditions which give rise to them. Passing from the abstract to the concrete, it is evident that the same disease affecting a delicate child, a nervous female, or a robust man, must require very different treatment; and it is equally demonstrable that the same disease occurring in different climates and at different periods, will likewise necessitate a corresponding variety of therapeutical ministrations.

The period is not very far distant, when the doctrines of the distinguished John Abernethy prevailed throughout the profession, and when it was assumed that nearly all diseases could be cured by blue pills and the black draught; and the influence of these doctrines still prevails in the minds of several practitioners of the present day. But while we allege that the precepts of the great surgeon of St. Bartholomew's were carried too far by the practice of his overzealous disciples, yet we cannot for a moment withhold the tribute of our admiration for the man who, by a bold effort of genius, heightened and even recommended by a certain eccentricity of conduct and manner rescued surgery from a mere mechanical art, and caused it to become one of the noblest of sciences, teaching that the surgeon who saved a limb, was entitled to far higher praise than he who removed it, whatever may have been the degree of dexterity displayed in the operation.

About the same period when Abernethy was inculcating the necessity of the constitutional treatment of local diseases, the treatment of fevers consisted in the early and copious abstraction of blood, by which, as it was taught, and as indeed experience then proved, that class of diseases was most speedily and effectually removed or relieved. Mercurials and purgatives were used in such cases as adjuncts to venesection, and the patients not only bore the treatment, but attributed their cures to its prompt and unsparing adoption.

In the whole class of inflammatory and congestive diseases bleeding was of course the sheet anchor, and calomel, in prodigious quantities, was thrown into the system, with the effect of causing profuse salivation, but at the same time, as it appeared, of subduing the inflammatory diathesis. We ourselves and many others, in our early days, practiced this treatment under the directions of our seniors, and we cannot affirm with truth that the practice was unsuccessful, or that it appeared unjustifiable by the results. Subsequent observation and experience, however, have shown that such active treatment in the present day is unnecessary, if not injurious, and that even inflammatory diseases may be and are often cured without either bleeding or mercury.



It may probably be said that our predecessors mistook the nature of diseases, and that the present generation is gifted with greater enlightenment than their forefathers; that the diseases which now exhibit themselves to our notice, are essentially the same as those which prevailed at the beginning of the nineteenth century, and that therefore all that our ancestors did was wrong, and all that we and some of our contemporaries do is right.

But before arriving at so sweeping a conclusion, it is only fair to inquire, as a mere matter of speculation, whether the circumstances which cause or cure diseases, have not altered within the last fifty years; whether certain types of disease have not disappeared and others have occupied their place; and whether new diseases have not sprung up in later times. The synocha of Cullen, of the very existence of which some distinguished men of the present day entertain strong doubts, has certainly disappeared from among us, while the typhoid fever, so admirably described by Dr. Jenner, is far more frequently observed than was formerly the case. The Asiatic cholera, with its rapid depression of the system and speedy extinction of life, is certainly a new type of disease in this country, even if we hesitate to admit that it is actually a new disease; and that influenza, in its severe form, is a new type of disease, there can be very little doubt. It is probably of equal certainty that, while sthenic inflammatory diseases have become comparatively infrequent, neuralgia and other affections, characterized by debility, have disproportionately increased, and the tendency of fevers of all kinds to run into a low and exhausting form is too notorious a fact to need comment. The recent prevalence of boils and carbuncles, also manifestly attended with debility, is too striking to escape notice.

The researches of modern science have brought to light the existence of a host of diseases, which, whether they formerly prevailed or not, were certainly not described until of late years. The granular degeneration of the kidneys, and the whole series of fatty degenerations of all the organs of the body, the disease called cirrhosis of the liver, the disease of the supra-renal capsules, giving rise to the phenomenon of bronzed skin—all these are the discoveries of the present day; and while we are far from denying that they may have existed in former times, we are, we think, at least warranted in supposing that they are more prevalent now than in previous epochs. The plague has certainly disappeared from this country since the fire of London; the sweating sickness, which once periodically swept off great numbers of the population, is now equally unknown; small-pox mortality has diminished most strikingly under the influence of vaccination; and, as we have just shown, certain types of disease have faded away, although the diseases themselves may remain. And there is certainly nothing extravagant in the assumption that a new class of diseases may have sprung up to replace those which have disappeared, and that the treatment of the sick may accordingly require modification, in proportion to the variety displayed in the maladies under which they labor.

The habits of the people, more especially of the higher classes,

have also materially changed. The time when a man drank his two or three bottles of wine a day, and considered it the height of hospitality to make all his friends do the same, has passed away, and with the disappearance of such habits gouty affections have proportionally diminished, and the plethoric diathesis, bearing and perhaps demanding strenuous depletion, is comparatively infrequent; but in place of these and similar constitutional maladies, a whole host of depressing agents, in the shape of neuralgia, insanity, influenza, cholera, low fever, fatty degeneration, have sprung up in countless multitudes to threaten human life and to destroy human happiness. The butcher and the wine merchant might be regarded, at the commencement of the present century, as the great authors of disease and its consequences; but now they are valuable assistants to the physician in the restoration of health. In a statistical point of view, the consumption of wine, which might be supposed to have diminished as a result of the altered habits of the people, has largely increased, from its more general use and from its greatly increased employment as a medicine.

While, too, the luxury and over-indulgence of the middle and higher classes have been curtailed, it may perhaps be said that the comforts of the lower classes have been increased, though not to such an extent as might be wished. Our soldiers and our sailors, except in certain unfortunate instances, which need not be recalled to remembrance, are well fed and well clothed, and epidemic disease has become among those classes comparatively rare; while the condition of the prisoner and the lunatic pauper has been so much improved as to excite the invidious remark, that poverty alone receives far less commiseration at the hands of the State than insanity or crime.

Such being the influences now in operation to alter or modify the habits of the people, and experience having shown us that the type of disease is subject to periodical variations, it cannot cause surprise that modes of medical treatment must differ at different periods.

We throw out the above hints upon a subject which we deem to be of the utmost importance; we offer no dogmatic opinions of our own, but we leave the investigation to the deep attention of the medical profession.—*Med. Times and Gazette.*

---

#### CATAMENIAL GONORRHŒA AND SYPHILIS.

Mr. Frederick C. Skey, Surgeon to St. Bartholomew's Hospital, has recently lectured on Gonorrhœal Rheumatism. The London *Medical Circular* gives us the lecture, from which we make the following extract, bearing upon a point of great interest:

I saw some time ago another most remarkable case of this kind—the splitting in pieces of a family might have occurred from the railway and ignorance of the hospital surgeon, but he could not see it. A respectable-looking married man came with this catamenial gonorrhœa; he was very much puzzled about it, but the surgeon laughed



at him. "So ho, my fine friend," he said, "you've simply gone and done it; you've been with the girls." The man said not—that from the nature of his business it was impossible. "Then some one has been with the girls or with your wife, for you have the bad disorder—that's the short and long of it." The man protested, till at last he swore an enormously large oath at the ignorance of us all. "Why, I have committed as many crimes as many men, and why should I be such a fool, if I wished to be cured, as to say, if I had, that I had not had intercourse with a woman." I don't believe he had, but that it was one of the dozens of cases where the irregularities of married life had given rise to a gonorrhœa or blenorrhœa, that I defy you to distinguish from common gonorrhœa. I say there is a "tertium quid" engendered during the period of ovulation or menstruation in the female, that may give rise to gonorrhœa, but I do not believe in syphilitic inoculation. If you know how to treat rheumatism, you know a great deal also of this disease. Mr. Abernethy, as I said, already went to the threshold on the subject, as regards "rheumatic gonorrhœa," or what you will see copied in the books and manuals as gonorrhœal rheumatism. Evans and Rose and Hennen, away from the coteries of London, settled the thing forever. You are probably aware, the prostitutes in France are all examined at stated times, and are furnished with clean bills of health? Well, Evans saw several hundreds of these women examined, and only three were diseased; but he had one hundred and fifty-three soldiers under his care at that moment with syphilis! I say, how did these 153 soldiers become diseased from three women? How did they get it? Where was it to come from? To my mind, now, it is as clear as that chloroform will produce insensibility, or any other fact in surgery: they got it from the clean women, and not from the diseased. I told you of Torres Vedras. This army was inaccessible for a long time, and dozens of officers had intercourse with the couple of girls dancing at the theatre. These girls, mind you, in good health, yet shoals of these officers came to England with bad phagedænic sores. Do you think they got phagedæne directly, as Mr. Hunter would think, from these girls? I don't.

Well, I'll tell you another case, and within a very short period of the present—not to go back to Torres Vedras or Waterloo, or tire you with what you will find decked out in the books of the schools—the case of a lawyer. [I am glad it's a lawyer, if it must be somebody (laughter); lawyers are so wedded to do nothing, if erroneous, to the decision of their judges.] It was, in a word, the counterpart of the first case—seduction, love (the old story)—seduction, gonorrhœa and a crop of sores. I examined the lady with the utmost minuteness. I sifted this case carefully. I believe there was no disease whatever in the lady nor in the gentleman previous to the occurrence; yet all the—what shall I call it—legal evidence was the other way. Legal proof on medical subjects at present is the greatest absurdity under Heaven, because well bound books on surgery say one thing to a man with a wig and gown on, and because a surgeon's opinion, which is not only *viva voce* and original, but fairly worked

out after thirty or forty years' analysis of facts and cases in hospitals, must be thrown to the winds, in favor of the *dictum* of some old book, or some new book copying the old.

I say, this material syphilitic infection is all a fallacy. I don't believe either in all that black letter lore of syphilis coming from St. Domingo with Columbus in the fifteenth century. Gonorrhœa is detailed in our oldest and most sacred of books.

Mr. Skey next stated the particulars of a very interesting case—a case of most frightful phagedænic sores in a gentleman, like those of the officers sent from Lisbon, but where the disease was clearly the result of scrofula, or some such constitutional taint in the gentleman's system aggravated by those injudicious courses of mercury, ordered for a very simple affection at first. The case was one, also, where the hymen was ruptured for the first time, but not a trace of disease existed in the lady.

"This old mercurial school, however, still holds out," Mr. Skey continued to say; "I am sorry that even men like Sir B. Brodie still belong to it. It is not true that a women who will allow one man to her embraces, will allow any other; and if the disease be checked by mercury—*post hoc*, &c.—that we should go on giving it! In this last patient it made all this difference, that whereas Rose, or Evans, or Carmichael would have cured this gentleman without mercury, in following the plan of the older schools he was at the point of death, owing to the mercury, under the first advice in London, affecting the membranes of his brain. We shall not speak of the hideous mutilations of face and nose, the time sacrificed away from business on the sick list, and the marks which rupia too often leaves on the forehead and face. I am satisfied, and you will be so too, when you see some practice, that all this old-fashioned dosing system with mercury is bad. I would almost go so far as to say, that the very worst cases of syphilis, so called in men that I have seen, have been the result of something wrong with the man rather than with the woman, and where the "*tertium quid*" was aggravated by this system of giving mercury, as a piece of murderous old routine in all cases alike.

Well, a few words now as to gonorrhœa and rheumatism. Is there such a thing as spontaneous gleet? Yes; it is a catarrh of the parts. I know a gentleman who has had gleet; but he has been several months, aye years, in bed for another disease, and he had no possible manner of getting gleet.

You will find gonorrhœal rheumatism in eccentric gonorrhœa, mostly in oldish people, the disease mild or the opposite, fond of fits and starts or aberrations; it is gonorrhœa in a rheumatic system, but not rheumatism connected as a secondary symptom or as cause and effect with gonorrhœa. I am satisfied, gonorrhœal rheumatism and gonorrhœa are children of one parent, and not related as rheumatism the child of gonorrhœa, the parent.

I will now tell you more: I have seen *every form of syphilitic disease* as obtained from healthy women. These cases occur in the better ranks of society, with men who are above suspicion. What is sometimes shocking in a moral point of view, is of the utmost value



to us pathologically. But I must not dwell on these cases. The gentlemen come to me expressing their unbounded astonishment, yet if you make the most careful search, even with the speculum, there is no disease in the lady; it would be almost a relief to one's mind to find something, but there is no disease whatever. No, it is all fallacious.—*Ohio Med. & Surg. Journal.*

---

## EDITORIAL AND BOOK NOTICES.

---

### EXCITO-SECRETORY NERVES—DR. CAMPBELL'S PRIZE ESSAY.—

In another department of the present issue we present to our readers an address by one of our confreres, read on his retirement from the office of President of the Detroit Medical Society. The subject of the paper is one which is just now attracting some attention from the profession, and was very timely chosen for the occasion.

For several months past we have heard much about the "*discovery* of the excito-secretory system of nerves," and the contest has been so spirited as to *who* was the discoverer, that the other preliminary and more important question as to the fact whether a discovery has really been made, seems to have been overlooked. The establishment of the first, which should have had precedence in the discussion, might have saved the necessity of contesting the second; for, if it should prove after all that no discovery has been made, an attempt at discussing the second question can only be ridiculous. We remember to have heard an anecdote of a debate which occurred among some aspiring men many years ago, illustrating the importance of establishing questions in their proper order.

Soon after Copernicus announced to the world that the earth revolved daily upon its axis, the question was propounded, why it was, if the earth revolved from West to East, that when a stone was thrown perpendicularly into the air, it did not fall westward of the person throwing it, just as a ball dropped from the top of a ship's mast, instead of falling at its foot, strikes the vessel as far towards the stern as it had proceeded on its way during the time the ball was falling? Sides were immediately taken, and the contention grew so hot, that from a war of words it well nigh became a war in deeds. At length it occurred to some one to inquire whether the difference in the two cases—the subject of the discussion, really existed. The experiment of the ball and the moving mast was tried, and to the astonishment

of the contestants, the ball that was dropped from the top of the mast, instead of falling far astern, fell quietly at its foot, and thus put an abrupt end to the discussion which had prematurely arisen.

If Dr. Christian's paper shows that nothing worthy of the dignified name of *discovery* has been made, or if it leads the profession to such an investigation as shall convince them of the impropriety of such a pretension, it may destroy a nice opportunity for some men to make a figure before the medical public; but it will produce, in our apprehension, a juster appreciation of the truth.

We have just arisen from the perusal of Dr. Henry Frazer Campbell's "Prize Essay on the Excito-Secretory System of Nerves—its Relations to Physiology and Pathology," just issued in the tenth volume of Transactions of the American Medical Association, and will endeavor to give a somewhat precise and definite idea of what is meant by this "system of nerves," as developed in that essay, the latest authoritative production on the subject. This statement taken in connexion with the paper of Dr. C. will enable the careful reader to understand the points involved. We are induced to give so much space to this subject from having been frequently enquired of by medical men as to what all this contention respecting a priority of discovery is about.

Dr. Campbell, who undoubtedly takes the lead in this matter—having first used the term *excito-secretory*—divides in this his latest and most labored production the nervous system (as does everybody else), into cerebro-spinal and ganglionic nerves.

He attributes the functions of relation, intellection, sensation, will and its consequences, voluntary motion, &c., to the cerebro-spinal nerve mass. He also gives to the cerebro-spinal nerves the function of reflex action, or excito-motory action, independent of the will, agreeable to the hypothesis of Dr. Marshall Hall.

He regards the ganglionic system as presiding over nutrition and the organic functions generally, and says: "Inasmuch as it is by *secretion*, or some act analogous to it, that all the processes of nutrition are accomplished, it has gradually gained the appropriate name of the *secretory system* of nerves." He uses throughout his essay the term *secretory* as synonymous with ganglionic, and avoids making any specifications of the ganglionic nerves presiding over those involuntary motions of the heart and large vessels in the act of circulation, or over the stomach and intestines in those vermicular movements which are a necessary part of their proper functions. Though he mentions the fact that the ganglionic nerves encircle the blood-



vessels, he does not complicate his single idea by taking into special consideration any other function of these nerves than the secretory.

Upon this latter function, which is universally considered as among those belonging to the ganglionic nerves, he particularly expands, stating that they are distributed wherever there is a simple or complex secreting surface—a membrane or a gland; and that near all glands are ganglionic centers, and that these ganglionic centers and nerves increase in size as secretion or nutrition increases, are diminished as secretion or nutrition is lessened, and when destroyed, the secretion and nutrition of the part supplied by them is modified or obliterated. All this is claimed as orthodox, as supported by authority, but not pretended to be novel.

Dr. Campbell reviews at length M. Magendie's experiments in dividing the fifth pair of nerves and finding inflammation and ulceration of the eye to follow, and comes to the conclusion, that the morbid results in these cases arose from a division of the ganglionic nerve accompanying the branches of the fifth pair to the eye. This conclusion is drawn with much plausibility and force, but the *excito-secretory* nerves are not shown in this.

He proceeds under the head of "Excito-Secretory Function of the Nervous System" to show by extracts from a recent paper of Dr. Davey, of England, and by citing the well known fact that the ganglionic system of nerves is formed first in the foetus, and also that monsters have been produced without brain or spinal marrow, that the ganglionic nerves are independent of the cerebro-spinal, but that the cerebro-spinal are dependent upon the ganglionic.

Now let it be fully understood that these cerebro-spinal and ganglionic systems of nerves which are admitted by all physiologists, are allowed by Dr. Campbell to be the only nerves existing in the body, excepting, indeed, the nerves of special sense. No new nerves different from these have been seen or imagined. The "discovery," a description of which we are now approaching, does not consist in finding any such new nerves, or fancying that any such new nerves exist, but *it consists in entertaining, expressing and urging the thought, that the sensitive filaments of the cerebro-spinal nerves are capable of receiving impressions and transmitting those impressions to the ganglionic or secretory nerves, increasing or modifying their actions, thus affecting the parts to which they are distributed;—that these two sets of nerves, in this sense, possess excito-secretory functions.* This is precisely what there is, and all there is about it. It hath this extent—no more.

In order to entitle this idea to a place among scientific *discoveries*, two things are certainly necessary—one of these is that it must be *new*, and the other is that it must be *true*. Neither of the qualities alone will constitute a discovery; both are required.

A story is told of a young clergyman who inquired of an older one who had been present at the delivery of one of the young man's discourses, what he thought of his production. The old man said: "There were many things in the discourse which were new, and many that were true." The young man pleased with the remark, thanked very warmly his senior for his good opinion; "but," added the old man, "the new was not true, and the true was not new." This altered the aspect of the criticism, and gave the young brother a "realizing sense" of the importance of both originality and truth, to constitute high merit.

A scientific discovery, as we understand it, is the development and presentation of a new fact or new principle—of a new thing—and not merely the application of a new name to an old fact or an old principle; and the fact or principle must be capable of clear proof, of demonstration, or it can only be regarded as an hypothesis, a mere conjecture more or less plausible according to the reasonableness of the case. A scientific discovery, then, is a fact or a principle—a thing, and not a term, newly brought to light. It must be most clearly new, and demonstrably true. If that which claims to be a discovery, be neither new or true, it will be the farthest possible from what it claims to be.

As to the novelty of the idea or opinion, that an impression made upon a sensitive part of the body, *may* through cerebro-spinal filaments be carried to the nervous centers, and be reflected back upon organic nerves, so as to modify secretion and nutrition, we have little to say at present. Everybody knows that impressions upon one part of the body are sometimes followed by modifications of secretion and nutrition in other parts. Everybody who has had a blast of cold wind, or a mote strike his eye, has known that the lachrymal gland has been excited to increased secretion. Everybody knows that a sapid, stimulating substance taken into the mouth increases the secretion of the salivary glands, and that certain mental emotions are capable of exciting these same glands to increased secretion, as grief the lachrymal, and the sight or thought of delicious food the salivary; and we cannot remember the time, since knowing anything of the anatomy and physiology of the animal body, when we had not the idea that impressions made upon the sensitive nerves or upon the



mind, might be conveyed through the sympathetic or ganglionic nerves to secreting organs, so as to modify their secretions—to the heart, so as to modify its action; to the stomach, so as to vary its secretions and muscular motions; to the capillary vessels, so as to affect their functions, causing the flush of stinging pain, the blush of modesty, the palor of fear, and other depressing mental emotions, or the deeper paleness and contraction of surface of a severe physical shock from pain. All that appears most clearly true in the idea of such reflex action, is certainly not novel.

The facts which Dr. Campbell adduces as substantiating his idea of reflex secretory action—of the impression being conveyed through the sensitive incident nerves and reflected upon the ganglionic, are such as these: Cold to the skin causing increased secretion of the kidneys or inflammation of internal organs; a burn causing pneumonia; a carious tooth causing congestion of the eye; dentition causing changes of intestinal secretions, and diarrhœa, cutaneous eruptions, &c.


Now, is it clearly and demonstrably true, that these results are produced by impressions carried through cerebro-spinal, sensitive nerves, and reflected back upon the ganglionic to the secreting organs, or the parts in which nutrition is modified? In none of the cases adduced is the proof at all conclusive. Indeed, proof beyond the mere hypothetical explanation of the phenomena is not attempted. That such *may* be the *modus operandi*, we readily admit; that it is, needs proof more than has been offered. The hypothesis, however plausible, requires something approaching demonstration, in order to place it in the category of ascertained facts—to make it a discovery. To our apprehension, Dr. Campbell has offered nothing of the kind. Not an experiment has been made. He has taken as the motto of his essay a quotation from the great French psychologist, Cousin, viz: "Observation becomes experiment, when used in severe processes of induction;" but these observations have not been sufficiently distinctive, nor the processes of induction sufficiently severe, to make such observations equivalent to experiments. It is undoubtedly true that the irritation of the gums in teething often produces diarrhœa, but are not organic, ganglionic or secretory nerves in the gums as well as sensitive nerves, and may not the morbid impression be carried directly through these organic nerves? Is not, indeed, this hypothesis quite as rational as the other? Is it not, in fact, more so? Irritation of the conjunctiva causes secretion of tears. Who can say that the morbid impression is not carried by ganglionic or sympathetic nerves to the lachrymal gland, rather than by the more round-about way of

the sensitive and secretory nerves? May it not, indeed, be carried forward by contiguous sympathy from molecule to molecule along the excretory duct? Certain conditions of the uterus excite the mammary glands to the secretion of milk. Is it not most likely that this is done through the medium of the organic nerves? An issue or a seton, when the suppurative process is established in it, modifies a chronic inflammation in a neighboring part. Does the effect depend more upon the pain produced in the issue, or the inflammatory and suppurative processes, independent of pain? Is the impression carried by sensitive nerves to the nervous centers and reflected back to the diseased part along the organic nerves, or is it carried directly through the organic nerves? Who can tell? Dr. Campbell does not.

We hope that in making these strictures, we will not be suspected of wishing to detract aught from the credit due any of our fellow laborers in the common field of science. We certainly have no such wish. Dr. Campbell is entitled to the credit of presenting the *hypothesis* of excito-secretory action with perhaps more distinctness than any of his predecessors, who have written upon the subject of the nervous functions. He has first suggested the term, and by his repeated publications has called the attention of the profession to the subject, and has caused, and will cause, many to observe and reflect upon the sympathetic actions of the system, upon the nervous element in pathology and therapeutics, at a time when there is a disposition in many quarters to adopt extreme chemical and humoral views, ignoring the influence of the nerves. For this he deserves his meed of credit. But neither he, or any of his competitors for the honor, great or small, can justly claim to have discovered an excito-secretory system of nerves. No such discovery has been made, and the contest as to who has made it, is simply absurd. Has not the ball dropped from the mast top, fallen at its foot? Will not the contest for the "priority in the discovery of an excito-secretory system of nerves" soon come to an end?

A. B. P.

---

 We call attention to the article of Prof. Frieze, on the condition of homœopathy in Europe. We have already stated, in introducing his letter, our appreciation of his disinterestedness and reliability. We know him to have been particularly desirous to do exact justice to the subject; and without expressing, or scarcely allowing to himself that he had any opinion as to the merits of the system, to give a true picture of its actual standing. He visited all the countries of which he gives an account, excepting Spain, and obtained in-



formation of most of the localities from a variety of sources. His information from Spain was from a single person, and he a believer in the system, and therefore one who certainly cannot be suspected of doing it injustice—and now what is the summing up of the whole matter? So far as we have information, and it extends to all the countries except Russia, we find there is not an established homœopathic school in Europe authorized to confer a degree or grant a license to practice. Nowhere in Europe can any one hold himself out as a physician, who has not studied regular medicine and received a diploma from a regular school.

Nowhere is there a Professor of Homœopathy appointed and paid by any government to teach the system; and nowhere are students required to attend the teachings of homœopathists. In only one University, that of Munich, is any one allowed to teach the system at all. In that institution a Dr. Buechner, for the purpose of gratifying the private wishes of one individual, high in authority, was appointed without consulting the faculty, to an honorary or nominal professorship of Special Materia Medica; having no rank or voice in the faculty, and no salary from the University. He has simply the privilege of going into a room and lecturing to those who may choose to hear him, no student being required to listen to or to be examined on his subject, and not more than three or four giving him any attention. This is the full extent of homœopathic teaching in the public institutions of Europe.

Nowhere in Europe has homœopathy been admitted into any of the public hospitals under official authority, except as an experiment during the prevalence of cholera in Naples in 1854, and it would seem that that trial was not of a character to induce its continuance. In no European public hospital has it now the slightest foothold. Even Spain is not regarded as an exception, as the provincial hospital referred to by Dr. Folch is believed to be a private institution.

The system has patrons and adherents existing among the people, and as there is everywhere a supply of opinions and practices in proportion to the demand, there are medical men, (there can be no others under their laws,) who supply that demand, and practice or pretend to practice the system. They are but a very small fraction, however, compared with those who adhere to the regular practice.

With regard to the introduction of a homœopathic professor into a regular school of medicine, nearly all seemed to agree, regular physicians and homœopaths, that the thing was impracticable and absurd. None thought it would be of any utility. We commend particularly

the views on this point of Dr. Henderson, of Edinburgh, unquestionably the ablest homœopath living, to those who pretend to desire the introduction of a homœopathic professor into the University of Michigan.

From this whole account of an impartial witness, taken in connexion with previous accounts, we can but infer that this medical delusion, the strangest of the many that have hitherto appeared and vanished, is fast declining throughout Europe, and that the time is not far distant when it will everywhere be numbered among the marvelous things that are past. Though it may have had its uses in showing us what nature can and cannot do in disease, and has presented a curious phase of popular credulity, it has fulfilled its mission, and its departure will not be regretted. Very few practitioners in this country adhere strictly now to its principles, and whenever our restless spirit of innovation shall demand a new excitement, this will be totally abandoned in fact and in name, and some other *ignis fatuus* will again allure us from the high road of common sense.

In the publication of Dr. Stebbins' elaborate and able article on the Scripture evidence against the principles of homœopathy, and this history of its condition in Europe, we have devoted much space to the subject of late, and hope we shall have no occasion to refer to it soon again. Our object has been the establishment of truth.

---

"COWARDLY AND FALSE"—MEDICAL INDEPENDENT FOR NOVEMBER. We take no pleasure in making a reply to the senior editor of the *Medical Independent*, who has imputed to us both the qualities of cowardice and mendacity, in uttering the few words we had to say of the want of diurnal regularity in the delivery of lectures by the Faculty of Medicine in the University, which irregularity grew out of a reprehensible "Faculty arrangement," and by which certain subjects were crowded out of place, to the prejudice of the students who thus found the symmetry of the course of instruction violated, to suit the convenience of their instructors. The movement of our blood is not accelerated by the application of such epithets to ourselves, because we know that they are not bestowed by *gentlemen* upon their equals. Instead then of retorting, we will not only repeat what we have heretofore said, but will amplify the subject, so as to be more distinctly understood.

When the *Peninsular Journal* came into the hands of the present conductors, it claimed to be the organ of the Medical Profession of the State, and promised as such to take note of the errors of ad-



ministration that might creep into the Medical Department of the University, to which we all looked with a sentiment of pride, as the source whence was to descend the rivulets of knowledge, to irrigate and fertilize our beautiful State. This pledge is all we propose to fulfill. If in the fulfillment of this promise the Professor of Surgery should fancy himself singled out, it may prove to be only another case of the fly upon the coach wheel.

We are happy to have so good an authority as the Professor of Surgery for saying, what we before knew to be true, that the Board of Regents were not a party to the transactions to which we have referred and of which we feel that we have a right to speak, but that the subdivision of labor among the Medical Professors, which sanctioned the absence of the Professor of Surgery four days in the week, the Professor of Materia Medica an indefinite period at one end of a term and the Professor of Anatomy the other, was exclusively "a Faculty arrangement." We take pleasure in acquitting the Board of Regents of all blame in these transactions, because their residence at remote sections of the State deprived them of the opportunity of witnessing the movements of their own machinery and of recording our conviction, that in as much as the two last named gentlemen are no longer obnoxious to the censure implied in our former remarks, that the Professor of Surgery will hereafter give his whole energies to an institution, from a connection with which he has derived his principal claim to personal and public consideration.

Of the influence upon students of this disposition on the part of teachers to shirk from duty, it is unnecessary for us to speak, as the alacrity with which a pupil catches the inspiration of his master, is a matter of proverbial notoriety. If we were not restricted both in time and space, we should make some remarks on the neglect of the rule requiring a critical examination of the semi-monthly theses of the students, growing out of the other abuse. For the present we defer remark, in the hope that hereafter there will be no further occasion for recurring to the subject.

Z. P.


---

#### MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY.

In accordance with the resolution passed at the last meeting of the above society, the next annual meeting will be held in the city of Detroit, at \_\_\_\_\_ on the third Wednesday of January next (20th), at 10 A. M.

Members of Committees will please take notice and prepare themselves accordingly.

E. P. CHRISTIAN, *Secretary*.

 We respectfully call the attention of our readers to our advertising sheet in the back part of the journal, where they may find much (as we believe) valuable information.

In the Medical Department of the University of Michigan the course of lectures commences on the first day of October and continues six months. Total amount of fees \$15.00, to be paid only once. Inquire of S. H. Douglass, M. D., Dean of the Faculty.

To our Western readers, we would call attention to the extensive assortment of J. H. REED & Co., 144 Lake Street, Chicago, where can be obtained surgical instruments and drugs and medicines of the first quality.

To those who from misfortune have lost a limb, to the advertisement of B. FRANK PALMER, 376 Chestnut Street, Philadelphia, where they can be fitted with a patent limb almost superior to the natural one.

To DOUGHTY, STRAW & Co., formerly John A. Kerr & Co., corner of Woodward Avenue and Congress Street, where can be obtained a complete assortment of books and stationary, and every thing else pertaining to a wholesale and retail book establishment.

To the circular of the College of Physicians and Surgeons, East 23d Street, corner of Fourth Avenue, New York City, in our opinion the best school in the United States. For particulars inquire of R. Watts, M. D., Dean of the Faculty.

To RAYMOND & SELLECK, Booksellers and Stationers, 90 Woodward Avenue, who keep constantly on hand a large assortment of the latest medical works, and furnish the same to order on the shortest notice, besides having a large stock of goods in their line.

To T. & J. HINCHMAN, late J. Owen & Co., who have on hand a large and complete stock of wholesale drugs and chemicals.

To H. SIMONEAU, Chemist and Druggist, No. 56 Jefferson Avenue, Detroit, who has a large and well selected stock of drugs and chemicals, leeches, essential oils, trusses, &c., besides wine and liquors of the best quality. Particular attention paid to the putting up of prescriptions.

To A. B. & D. SANDS, Wholesale Druggists, 100 Fulton Street, New York City, who keep on hand *Dr. McMunn's Elixir of Opium*, wholesale and retail.

To E. & S. FOUGERA, Pharmacutists, New York and Brooklyn, Agents for Blancard's Pills of unchangeable Iodide of Iron, and which has been so highly spoken of by the journals of our country.

To the Starling Medical College, Columbus, Ohio. S. M. Smith, M. D., Dean



To T. R. SPENCE, Druggist and Pharmaceutical Chemist, No. 164 Woodward Avenue, corner of State Street, Detroit. A complete assortment of Tilden's Fluid Extracts and other preparations constantly on hand. Pure wines and liquors. Orders from the country and city promptly attended to. Spence's drug store is one of the finest in the city, and in which prescriptions and family receipts are put up with promptness and accuracy at all times and all hours.

On our cover will be seen the extensive advertisement of HIGBY & STEARNS, Pharmacutists and Chemists, who keep on hand a large assortment of surgical instruments of the best manufacturers and of the latest patterns. Also, agents for Palmer's Patent Leg, Phelps's apparatus for ruptures, fractures and other deformities; besides having a complete assortment of drugs and chemicals, wholesale and retail. No. 162 Jefferson Avenue, Detroit, is their place of business.

Lastly we would call attention to the prospectus of the 5th volume of the *Peninsular Journal of Medicine*. To advertisers we offer a good opportunity to bring themselves before the notice of our readers, believing, as we do, from our large and increasing circulation, that we can do them ample justice. Our pages speak for themselves to all those who may wish to subscribe to a first class medical journal.

W. B.

---

A COLLECTION OF REMARKABLE CASES IN SURGERY. By PAUL F. EVE, M. D., Professor of Surgery in the Medical Department of the University of Nashville. Philadelphia: J. B. LIPPINCOTT & Co., 1857. *From the Publishers.*

When we were in Nashville, Tenn., in May last, we learned that Dr. Eve was publishing a work on surgery in Philadelphia, and that we might expect *something good*. Consequently we have been patiently awaiting its advent. We have now received it and cannot but admit that we are disappointed. We looked for something *original*, *Dr. Eve's personal observations*, (than whom we know no one more capable of making correct ones). As it is, the work shows labor, and the Doctor must have made extensive researches in order to collate such a vast variety and number of cases.

The book is of use and interesting and well worth the cost, which we understand to be \$3.00. We would recommend our readers to procure a copy. It makes a capital work on *Clinical Surgery*, and many of the cases will remind the reader of what he has before heard when a pupil in the lecture room from his Professor of Surgery.

GENERAL THERAPEUTICS AND MATERIA MEDICA—*Adapted for a Medical Text-Book.* With Indexes of Remedies and of Diseases and their Remedies, by ROBLEY DUNGLISON, M. D., L. L. D., Prof. of Institutes of Medicine, &c., in Jefferson Medical College of Philadelphia, &c., &c. *With 193 illustrations.* Sixth edition, revised and improved. In two volumes.

Philadelphia: BLANCHARD & LEA, 1857.

A new edition, the sixth, of the above work of Prof. Dunglison is just issued, and the title page is so full as to relieve us from the necessity of specifying many things in regard to it, which otherwise would have been necessary.

We have been acquainted with these volumes for some years, and the brief opinion which we shall express, is the result of such acquaintance, and not of a hasty survey of the table of contents, as is the case with some of the books that come under our observation for the first time, and which we are expected to "notice," as soon as they reach our table.

Dr. Dunglison is an extensive and well known medical author. He has been called a successful book-maker, and of the various works he has produced, we think this, his Therapeutics and Materia Medica, is among the very best. He treats of the *modus operandi* of medicines with a good degree of fullness, clearness and general accuracy, and this is much more than can be said of many of the works on the subject, especially the older class of works. Several of the recent works on Materia Medica and Therapeutics produced among us, are decided improvements upon their predecessors, and although we have not yet produced a work from any one pen quite equal to Pereira's great Encyclopedia of Therapeutic and Pharmacological Science, we have approached more nearly to the excellence of that work, than has been done elsewhere—certainly in the English, and we think in any other language. With the United States Dispensatory, Professor Wood's Therapeutics and Pharmacology, and the work before us, together with some other indigenous works, we need not be ashamed of our literature in this department of our profession.


We had intended to prepare a somewhat extended review of these volumes, in connexion with Dr. Wood's, but our space and time render it necessary that it should be deferred to another occasion. In the meantime we can most conscientiously commend this work of Dr. Dunglison, both to the student and the practitioner. It is for sale by DOUGHTY, STRAW & Co., of this city.

A. B. P.



THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION—Instituted 1847. Vol. X. Philadelphia: Printed for the Association COLLINS, Printer. 1857.

We have received the above volume of transactions for 1857, containing the proceedings of the Association, held at Nashville, Tenn., May 1857. The work contains 676 pages, and is got up equal, if not superior, to any of its predecessors, for which the Committee on Publication are entitled to the sincere thanks of all the members. Besides it has been *born earlier in the season* than any preceding volume. Whether the *labor* has become natural, or Drs. Smith and Wistar more expert with the *forceps*, we know not. Perhaps the size has had something to do with its *passage through either strait*. Volume IX. was larger by 321 pages—indeed, the largest ever published by the Association. The Meeting in Detroit for 1856 still bears the palm.

 To our readers who are not subscribers to the above volume, we would say that it can be obtained either direct from Dr. Caspar Wistar, No. 1303 Arch Street, Philadelphia, by inclosing \$3.50, (three dollars for the volume and fifty cents for the prepayment of the postage,) or we will be pleased to procure for them the same, by inclosing to us the above amount of \$3 50. W.M. BRODIE.


---

THE PHYSICIANS' VISITING LIST, DIARY AND BOOK OF ENGAGEMENTS for 1858.

We have received the above from the publishers Messrs. Lindsay & Blackiston, Philadelphia. We have now used it for four years, and can add our own to the high eulogiums passed upon it by both press and practitioners. Another column has been added in which the amount due at the end of every week can be set down opposite each name. This doubtless is convenient, but at the same time we would prefer a column had been left, in which to write the name of the street and number of the dwelling instead. We think this could be done by putting the divisions for days closer, and leaving out that for total amount. At the same time there would be more room for the name by leaving out the first line altogether. In its present form it is indispensable to the practitioner.

For sale by Raymond & Selleck.

---

 Two or three original articles intended for this number have been crowded out. They will appear as we shall find room. Did our *subscribers* remit as freely as our contributors, we should have less embarrassment in conducting the journal. Printers have to be paid even in hard times.


## MISCELLANEOUS.

DISLOCATION OF FEMUR ON DORSUM ILII—REDUCTION BY REID'S METHOD. By C. E. ISAACS, M. D., Brooklyn, N. Y.—I was called, about a week since, to see a boy, eight years old, who had received an injury of the hip joint two days previously. On examination, I found that the head of the femur was in the sciatic notch. Having placed the boy under the influence of chloroform, I proceeded to the reduction, in the presence of Drs. Minor, Drake, Burge and several other physicians. I first flexed the leg of the injured limb upon the thigh, and then brought the thigh over so as to cross obliquely the middle of the sound thigh, and then flexed the injured thigh as much as possible toward the abdomen. I next gradually abducted the thigh, making at the same time rocking motions, downward and outward, when suddenly the head of the bone passed with a loud snap into the acetabulum. The whole proceeding did not occupy half a minute. This case adds another to the many which have recently occurred, showing the occasional great facility of reducing dislocations even of the hip joint by appropriate manipulation, and while under the influence of chloroform. I may state, in conclusion, that the patient has since done well.—*New York Journal of Medicine.*

REAGENT TO DISCOVER THE VERY SMALLEST QUANTITY OF THE BICHLORIDE OF MERCURY IN CALOMEL, ADULTERATED THEREWITH.—Translated from the *Bulletin Gen. de Thérapeutique* by Dr. Chaillé.—“The purity of calomel is so important a point, that we deem it useful to designate to practitioners, a very simple process by which they may assure themselves whether this medicine is exempt or not from corrosive sublimate. The formula of this reagent is as follows: R. Potassii iodidi, gr. ij.; aquæ distillatæ, ℥iij. M.

“With a few drops of this liquid make a paste on a small piece of glass, with about eight grains of the calomel to be tested. If the calomel is pure, it will assume a green color; if it contains but a millionth part of the bichloride, red spots will be apparent.”

The above test may be relied on. The green color is rather a light yellowish green, and the red spots are so minute as to escape careless observation, when the quantity of bichloride is small. The difference in color between the two parts is well marked.—*N. O. Med. & Sur. Journal.*

 We are gratified to learn that Messrs. Lippincott & Co. are about to put to press an English translation of Mons. Malgaigne's celebrated treatise on Fractures and Dislocations, by John H. Packard, M. D., of this city. The work will be accompanied by valuable additions by the American Editor, and will be illustrated by numerous woodcuts, executed in the best style of the art. It need hardly be added that such a work has long been needed by the profession of this country.—*N. A. Med.-Chir. Review.*



MR. SKEY'S METHOD OF TREATING THE CICATRICES OF BURNS.—On the 18th of July we had an opportunity of seeing the plan adopted by Mr. Skey, at St. Bartholomew's Hospital, for removing the contraction of tissues consequent upon a burn. The patient was a little girl, (Emma B., aged six years,) the front of whose neck had been burnt some years before, and had so contracted as to produce a number of distinct bands, running from above downwards, without very great deformity. The contraction resulting from the burn was treated, whilst the girl was under the influence of chloroform, by making a number of short transverse incisions in various parts of the cicatrized tissues, which gaped as they were made. This plan Mr. Skey has found very efficacious in some eight cases, all of which have done very well. It has certainly the advantage over dissecting up portions of cicatrized skin, in that there is no danger nor risk of sloughing—an accident which not unfrequently makes a case worse than if nothing whatever had been attempted.

On a subsequent visit, we found these transverse wounds healing well, without any appearance of contraction of the cicatrix. She lay upon a flat bed, with her head considerably lower than the shoulders, and the wounds are dressed with narrow pieces of strapping, so as to approximate the *ends* of a cut to each other, (not the sides,) and lengthen out the old cicatrix as much as possible. The plan seems to be a most rational one, and we should like to see it more extensively adopted.—*Lancet*.

MORTALITY AFTER OPERATIONS IN PARIS.—Dr. W. A. McPheeters, of Natchez, in a letter to Dr. Cartwright from Paris, published in the *N. O. Medical Journal*, says, that in the Parisian hospitals it is the exception rather than the rule for a patient to recover after an amputation of the leg. At first, he was inclined to attribute this result to the enfeebled condition of hospital patients; but M. Nelaton, in a lecture on the subject, says, that equally fatal results occur in private practice. Nelaton accounts for the great mortality by some peculiarity in the atmosphere of Paris, which produces purulent absorption, for in the provinces of France similar operations are performed with much better results.—*Virg. Med. Jour.*


AN OLD ASSISTANT SURGEON.—Wadd, in his "Nugæ Canoræ," has the following upon some surgeon, who was upwards of twenty years assistant surgeon to an hospital. Can anybody tell me who he was?

How hard was poor Sir ——'s lot  
Among chirurgic sages!  
He all the work and honor got.  
While they got all the wages!

Wadd adds: "We have here a singular instance of what trifling incidents make or mar a man's success in life. The gentleman alluded to lost his election as assistant surgeon to an hospital only by a few votes, *about equal in number to a dinner party* given by an active friend of his opponent."—*Virg. Med. Jour.*

THE BEST MONUMENT TO JENNER.—A young lady was solicited to contribute towards the Jenner statue. "Nay," she said reverently, "I consider I have already erected a monument to his honor," and she pointed to her beautiful countenance; and true enough, thanks to Jenner's discovery, there could not be discerned upon it the smallest disfigurement by the small pox. Acting upon this idea, we have to make the following smooth-faced proposition. We beg to suggest that every handsome lady, single or married, or widow, who, having been duly vaccinated, has succeeded in preserving her beauty from the ravages of the above fearful visitation, be requested to take her turn in standing for one hour only in her lifetime on a pedestal in Trafalgar square. We maintain that the exhibition of her face, in its unblemished state of loveliness, would be the handsomest, at the same time the most appropriate statue that could possibly be erected to Jenner; and a statue, too, that would be sure in every age to command the ready homage of all men.—*Punch*.

---

 The following anecdote is told by the Paris correspondent of the New York *Daily Times*, and is too good to be lost:

"A friend told me, a day or two ago, a good anecdote of Phillip Ricord, the distinguished surgeon of the Hospital du Midi. Ricord was sitting in one of the orchestra stalls at the Grand Opera—it is not often he gets time to go there—and all at once, when the house was still, and in the midst of one of the songs of a principal barytone, he commenced cheering in the most approved style. Everybody looked at Ricord, but did not understand. As the singer grew warm and commenced jesticulating with vehemence, Ricord's enthusiasm augmented, and other gentlemen at his side, feeling the infection, followed his example and applauded also. Ricord, turning around, briskly wanted to know what they were applauding for. "To tell you the truth, "Sir," was the reply, "it was partly from your example." "But you don't know why I applauded?" replied Ricord. "I was applauding the marvelous effects of the Iodide of Potassium!" The singer was one of Ricord's patients, who had a stiff elbow joint, for which he had been taking for some time this remedy, and it was when Ricord saw the arm unbend itself in the gesticulations of the singer, that he broke out into such enthusiasm. His neighbors remained silent for the rest of the evening."

---

DR. JOSEPH PERKINS has lately delivered an address before the Vermont Medical Society, which has been published. Its subject is the registration of births, marriages and deaths, for which he makes an earnest and able plea, urging the reasons and arguments in its favor. We fear, however, that he will find the Legislature deaf, as our own, to make adequate appropriations to cover the expense of such registration, which is a *sine qua non* to any practicable plan. The parties called upon to report reliable statistics must be paid for their services, or any law will be nullified.—*Am. Med. Gazette*.



VALERIANATE OF AMMONIA.—The following is the formula, as it is prepared by Mr. Pierlot, and is the preparation used by Dr. Declat, in the treatment of nervous affections:

Distilled water 32 drachms.

Valerianic acid, 1 drachm.

Carbonate of ammonia, q. s., to neutralize the acid, add alcoholic extract of valerian 2 scruples.

By this formula we obtain, in a concentrated solution, all the constituents of valerian root, and in as slightly a disagreeable form as possible. Valerianic acid, according to Pierlot, is an educt, and not a product as has been hitherto supposed.

Ten drachms of valerian root yield about seven grains of valerianic acid.

The dose is a teaspoonful three or four times a day.—*Southern Jour. of the Med. and Phys. Science.*

---


MRS. CUNNINGHAM AND DR. UHL.—This case has elicited no small amount of comment from the medical press of the country. Dr. Uhl has been pretty generally censured for his connection with it. As we understand it, the opportunity occurred to him *only* to make an exposure of Mrs. Cunningham's pretensions, an exposure that foiled her in her efforts to get in possession of an estate to which she had no right, and that has thrown light upon her true character—an exposure that has also placed the public mind right in regard to her. In doing all this, however, it is said that Dr. Uhl has violated the spirit of medical etiquette, has exposed secrets entrusted to him, and in this way has done more harm than good. The truth is, Dr. Uhl simply turned Police Officer to assist in catching a criminal. His conduct is certainly censurable on the score of *taste*.—*Ohio Med. & Surg. Journal.*

---

\* MORALS OF THE VIENNESE.—From the *Times and Gazette* we learn that, by the statistics published under the auspices of the Common Council Bureau of Vienna, the number of illegitimate births in that city has almost equalled the number of the legitimate births during the four years from 1853 to 1856. The following are the figures on the subject: 1853—legitimate births 11,264; illegitimate, 10,686. 1854—legitimate births, 11,252; illegitimate, 10,801. 1855—legitimate births, 10,650; illegitimate, 6,522. 1856—legitimate, 10,870; illegitimate, 10,311.—*N. A. Medico-Chir. Review.*

---

PRESCRIPTION FOR ECZEMA, IMPETIGO, &c.—M. Gibert at St. Louis Hospital, Paris, prescribes: Glycerine, 30 grammes; tar, purified, 2 grammes; added hot starch in powder, sufficient to make a pomade. This topic calms the itching, dries the excoriations, resolves the redness—in a word, it is an astringent and restorative without producing irritation.—*Nashville Jour. of Med. and Surg.*

 We copy the following touching lines from the *St. Louis Medical & Surgical Journal*. They are said to have been left on the table of Dr. C. A. Pope, by a patient who was about departing for Niagara, "where the water runs down hill, with nothing on earth to hinder."

"When sorrow's cloud is cast athwart  
The sunshine of my mind,  
When I, with gloomy care distraught,  
No recreation find;  
When sighing o'er my hapless lot,  
And what I used to be—  
I'll seek some quiet, tranquil spot,  
And pass a small bougie.

Let strictures on my conduct pass;  
Unnoticed let them be:  
A stricture somewhere else, alas!  
Is more deplored by me.  
In hope that blight on manhood's bloom  
I yet effaced shall see;  
I'll hie me to my quiet room,  
And pass a small bougie."

---

LOUISVILLE UNIVERSITY.—The building in course of erection through the past summer, to supply the place of the one burnt down, is, as we are informed, in a state of readiness for a session the ensuing winter. The Alumni of this institution will feel proud that, notwithstanding the late disaster, the Faculty are again fully ready for the duties of the ensuing session.—*Ohio Med. & Surg. Journal*.

---

SCOTT'S OINTMENT IN INDURATED TESTICLE.—We have seen Mr. Coulson, at St. Mary's Hospital, treat indurated testicle by applying Scott's ointment on lint next the scrotum, then a piece of flannel and oil silk, with a good suspensory bandage. The patient is thus enabled to go about, and a cure is effected within a short time. Scott's ointment is the ceratum hydrargyri compositum of the London Pharmacopœia, and consists of the stronger ointment of mercury, soap cerate and camphor. Mr. Coulson is at this moment treating a case of chronic induration of the breast of a woman, from inflammation, with the same ointment and pressure as recommended by Scott in his work in 1828.

We noticed a case of adenitis of the right groin in a boy, which was brought on by a strain, and which, after attaining the size of a fist, suppurated, leaving an ulcer with the gland projecting from its bottom. The strain occurred seven weeks ago. The enlarged gland was freely covered with red precipitate on five different occasions, with the effect of already nearly destroying the whole of it, without any bad effect to the patient.—*London Lancet*.



# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

VOL. V.

JANUARY, 1858.

NO. VII.

---

## ORIGINAL COMMUNICATIONS.

---

### ARTICLE I.

---

*Notes of Lectures upon Tuberculosis, delivered to the Clinical Class of the University of Michigan in attendance at St. Mary's Hospital, Detroit.* By Prof. A. B. PALMER, M. D., &c.

---

GENTLEMEN:—When examining in the Hospital, some days ago, Barney Callaghan, Esther Cosgrove, Mr. Hunt and others affected with pulmonary consumption, I promised you on another occasion to take up the subject more systematically, and to discuss briefly, yet somewhat in detail, the nature, the causes, the means of prevention, and the treatment of this sad, but deeply interesting affection. Considering the great prevalence of this disease, the number and the character of those who are carried by it “to that bourne whence no traveler returns,” and considering how much modern science has shown can be done, if not in the way of cure when the disease is far advanced, yet in the way of preventing its development, I hope you will give me your somewhat particular attention, while I endeavor to present you with a synopsis of such views as I shall deem ‘most important to a practical understanding of the subject. I shall not enter into lengthy arguments pro and con, upon the positions taken, or stop often to refer to the sources from which the views are derived—this would delay us too much—but shall give you my own convictions of the truth—convictions which are the result of such attention as I have given the disease, both in consulting its literature and in studying it as it has been presented to my observation.

The term tuberculosis has been applied to the general disease, some specimens of which you have been observing, and indicates a pathological state in which a peculiar morbid substance, called *tubercle*, is deposited in some of the tissues of the body. In phthisis pulmonalis, or pulmonary consumption, these deposits occur in the lungs, producing various results which constitute a large portion of the phenomena of that disease.

The word tubercle literally signifies a little swelling, and is applied in dermal pathology to all those cutaneous diseases marked by somewhat firm swellings of considerable size in the skin, the result of various depositive processes; but as used in connexion with our subject, it has a more restricted and definite meaning—indicating a peculiar morbid deposit, sometimes of a gray, often of a yellowish color, varying in size and form, but not remaining permanent like healthy tissue, having a tendency to undergo change, to soften and be removed.

This peculiar substance cannot always be distinguished from other forms of matter simply by the naked sight. It is not always so characteristic in its obviously sensible qualities as not to require a more specific definition as to its structure, chemistry and position, in order to understand what it essentially is.

It is more definitely described as an exudate of solidified proteine substances, fibrin and albumen, which persist in the lowest stage of development, not going on to organization. This protenacious exudate becomes consolidated, but otherwise remains in its primitive crude state. When it begins to organize, to take such form as to rise above crude matter, it loses its character of tubercle. This substance may be infiltrated through the tissues in numerous small particles—in minute bodies of the size of mustard or millet seeds—or may be accumulated in larger masses to the size of a filbert, each being enclosed in a cyst; these forms, whether miliary or encysted, having no reference to essential structure, but rather to the age of the tubercle and the extent of its exudation. It is found of different degrees of hardness or softness—sometimes hard and tough, at others cheeseey, and at others still creamy. It does not, however, on pressure yield a milky juice.

What is sometimes called simple fibrous tubercle, appears to approach nearer to the character of organized material, and may become dense and horny; but this is not a common variety.

The more firm miliary tubercles present under the microscope



simple corpuscular forms; but the soft yellow tubercle exhibits granules mixed with the corpuscles.

The gray, semi-transparent, semi-cartilaginous tubercle is usually found in the air vesicles, and is composed of similar elements to those mentioned.

Calcareous, gritty particles, composed of earthy salts and crystals of cholesterine are found in tubercles. Tubercles sometimes so strongly resemble simple fibrous deposits, that they cannot be distinguished from them except by careful tests.

Examined closely, tuberculous matter is composed of the same elements of the lungs themselves, though in different proportions. It has more chloride of sodium, but less phosphate of lime. It has ten times as much cholesterine—a considerable proportion of the whole mass. It contains oleic, margaric and lactic acids, and the lactate of soda.

The ashes of tubercle consists of chloride of sodium, phosphate of lime, carbonate of lime, sulphate and carbonate of soda, silex, oxide of iron and lactic acid. These substances are here enumerated, as their relations to the blood, the tissues and the excretions of the body are important, as we shall see hereafter, to be carefully observed.

The general law of tubercular matter is, that it softens or suppurates, as it is sometimes called. There are exceptions, but this is the rule. Sooner or later a tubercle increases in volume, moistens, looses its consistence, breaks up easily, has the appearance often of melted cheese; fragments of more solid matter are seen floating in a more fluid mass. This spontaneous metamorphosis of structure is proper to tubercle, belongs to its nature.

A tubercle thus softened, without any other change having taken place, is called a primitive tubercular ulcer. The presence of this softened tubercle acts as a foreign body in the tissue, causing inflammation in the parts around it, and breaking down of the proper tissue. When such true ulceration occurs, it is called a secondary tubercular ulcer.

Sometimes, instead of this ulcerative and suppurating process, organizable fibrous or plastic deposits occur, not in the midst of the tubercle, but in the lung structure around it. It may thus become more firmly encysted.

Sometimes, instead of this ulcerative process being produced by softened tubercle, the fluid portion is absorbed, leaving the inorganic salts in the form of a chalky mass behind. This is called cretification; and these gritty masses surrounded by organized cysts, may

remain for an indefinite period, producing little or no perceptible irritation. The absorption of this fluid is effected by the living surrounding cyst or tissue, no blood vessels or other organic structures entering into tubercular matter.

The possible seat of tubercle is any point of any texture of the body out of the vessels. It has a preference for some tissues over others, and with adults the lung tissue is the favorite seat.

The manner of its deposit, the rapidity with which the exudation forms, differs much in different cases. Sometimes it is very slow, occurring imperceptibly, and may dry down to some extent in rare cases and become horny as it forms. In comparative hyperæmic conditions of the system the deposit, when it occurs, is more rapid and usually of the gray variety.

Tubercular exudate not unfrequently forms as a sequel of inflammation. It may thus appear in the peritoneum, pericardium, pulmonary cells or the mucous membranes. The products of an inflammatory exudation, which in ordinary cases where the tuberculous tendency does not exist, organize into false membrane and obey the laws of such formations, in other cases become fixed in their primary state, constituting tubercle, and follow laws belonging to this unorganized form of matter. This arrest of organic development in the fibrinous exudate and the resultant tubercle may arise from a variety of proximate and remote causes; and these circumstances disposing the system to such formations, are worthy of very special consideration, for in them will be found the basis of all rational prophylaxis and treatment.

It is thought by some that a low vitalizing influence of surrounding parts is a prominent proximate cause of such arrest of organization. It is certain that inflammations occurring in low conditions of the system, are apt to be followed by tubercular exudations; and it is rational to suppose that this particular cause named has its effect.

Again it is thought that a deficiency of moisture in the exudate favors its ready coagulation and deficient organization; and this dryness of the exudate, if it really exists as it is said to do, is dependent upon a peculiar unknown dyscrasia of the fibrin—a tubercular blastema which is beyond our present means of a perfect comprehension.

According to Rokitansky, the tubercular crasis is a fibrinosis—a condition in which fibrin is increased in quantity and changed in quality, becoming so abundant and so much perverted as to be deposited without inflammatory action. But the blood is otherwise altered than in its fibrin. It is usually deficient in red corpuscles,



and has other abnormal conditions dependent in a large degree upon deficient action of the skin, whereby effete matters are retained, and upon perverted or deficient action of the digestive organs, whereby imperfectly elaborated nutrient materials are introduced into it. As tubercular matter is deposited from the blood, its elements must exist in that fluid; and when those elements exist there in an abnormal quantity, they are thrown out in the liquor sanguinis by the capillary vessels.

As already shown, tubercle consists of animal matter in an unorganized form, mixed with earthy salts. The proportions of animal and earthy matters vary in different cases. In recent, the animal prevails; in old, the earthy.

By a careful comparison it is found that the cutaneous exhalations—that *sweat*, contains the same elements as tubercle. This fact has an important bearing upon the etiology of tuberculosis, and should be rivited in your minds. The relations of the action of the skin with this disease will be found, as we proceed, to be most important; and we shall see by examining the facts, that more perhaps than any other circumstances, those conditions which favor or retard transpiration through the cutaneous pores, influence the prevalence of tuberculosis. The influence of imperfect digestion must not be overlooked, and especially those gastric and pancreatic derangements which interfere with the emulsification and appropriation of fat and other hydro-carbons.

The tuberculous habit, tendency or diathesis is often constitutional and hereditary; but it may be acquired by improper hygienic conditions, or by the existence of some other diseases, where there seemed no original predisposition.

Some diseases seem to antagonize it. It is said seldom to occur in connexion with cyst growths, with carcinoma, with bronchocele, with rickets and with spontaneous aneurisms.

Miasmatic fevers are believed by many to exert a prevention and even curative influence upon it, though this is doubted by others; and pregnancy doubtless tends to arrest its progress for a time, but as to its permanent influence in this direction there are differences of opinion. As there are many elements of antagonism between the condition of pregnancy, when it does not induce anæmia, and tuberculosis, the tendency to this exudation is combatted during this state, and if this be followed by a condition of more vigorous health, the tuberculous disposition may be permanently checked; but if the bearing and nursing of children be accompanied or succeeded, as in delicate

women it unfortunately too frequently is, by exhaustion of vital force and still greater debility, the diathesis may be increased rather than diminished, and a development of the disease hastened. Still in a majority of cases, under proper management, the occurrence of pregnancy may be regarded as favorable to the consumptive patient, if the case be not too far advanced.

A somewhat similar state of things exists with regard to miasmatic diseases. Their direct influence seems to antagonize tuberculosis, and the effect may be lasting unless the vigor of the system is permanently impaired by the miasm and its consequences. In cases of protracted diminution of the powers of life by these diseases, consumption may be a remote consequence, as it is of most debilitating causes. You are aware that Rokitansky expresses the opinion that there is an antagonism between cyanosis, and indeed all cases of venosity of the blood, and tuberculosis. This view is very justly questioned as being opposed to well established principles, and as not being sustained by a sufficient number of facts.

Tuberculosis, as now presented in the general outlines of its essential character, is identical with scrofulosis, though the latter term is more commonly applied to the more external manifestations of the same general diathesis.

As already intimated, tubercle may occur in any structure where there are capillary vessels to deposit its elements from the blood. There are some structures, however, where it is very rarely found. Among these are the salivary glands, ovaries, œsophagus, vagina and the internal membrane of blood vessels.

The situations in the adult where it is most frequently found, are the following, named in the order of frequency: Lungs, intestines, lymphatic glands, larynx, serous membranes, brain, spleen, kidneys, liver, bones, uterus, testicles, spinal cord, striated muscle.

In children the order of frequency differs. In them the lymphatic glands take the lead; then follow the spleen, the lungs and bronchial mucous membrane, the brain, serous membranes, &c.

The deposit of tubercle in many of the localities is usually secondary—dependent upon a previous deposit in some other part. Deposits in the intestines, liver, spleen, kidneys, &c., are, in the adult generally, preceded by deposits in the lungs, and in children in the lymphatic glands, though they may occur simultaneously in different parts.

As already intimated, tubercular deposits are sometimes preceded, if not positively accompanied by or dependent upon an inflammatory



process, or a process in which the ordinary phenomena of what is called inflammation, such as pain, heat, redness and swelling, are present. In other cases these circumstances do not accompany or precede the deposit, and in it the ordinary phenomena of inflammation has no part. In other words, the exudation from the liquor sanguinis of a blood plasma, remaining in its crude condition and constituting tubercle, is sometimes accompanied by decided hyperæmia of the part, and sometimes it is not. Sometimes there is a precedent or accompanying local irritation of the part determining the deposit, and sometimes there is none at least traceable. When the material exists in sufficient abundance in the blood, is largely generated and not carried out by other channels, it will be deposited where there is least resistance independent of apparent local irritation or of inflammatory hyperæmia. Yet local irritations or hyperæmic conditions may determine the deposits in points where otherwise they might not occur. Those who regard inflammation as consisting essentially of exudation only, must regard tubercular deposit as always an inflammatory process; but you will understand me as conveying the idea that, when hyperæmia and its ordinary consequences are absent, the process should not be called inflammation, though exudation take place.

The particular mode of the production of tubercle, or the circumstances accompanying its deposit, vary with the different organs in which it is found. The phenomena of inflammation are more likely to be connected with its production in serous membranes, in bone, in mucous membranes, in the brain and in lymphatic glands.

Unless very rapid in its formation, it usually has its point of election in the same organ. Its point of preference in the lungs is the apex, the upper third of the superior lobes. In the pia mater it usually selects the part at the base of the brain; in the substance of the brain, the gray matter; in the osseous structure, the spongy bones; in the intestines the inferior ilium; in the larynx, over the transverse glottidis muscle; in the uterus, the fundus and fallopian tubes.

There are certain limits to its progress. It does not, unless in very exceptional cases, extend from the larynx to the pharynx, or from the internal uterus to the neck and vagina.

Tubercle proves fatal in various ways—sometimes by impairing the function of organs, paralyzing their actions; sometimes, as in phthisis, by general irritation and the destruction of parts; or death may occur by impoverishment of blood, the blood becoming impoverished or hydraemic either by its elements being exhausted in the rapid forma-

tion of the tubercle, or by the blood making organs or powers being impaired.

Though tubercle is so frequently fatal in its consequences, a cure not unfrequently takes place, and in various ways. Each metamorphosis which it takes on in accordance with the laws of its nature, may be accompanied with the healing process. But by none of the processes ulceration, decadence or cretification is a cure of the disease effected, unless the constitutional dyscrasis is corrected. The tendency to the formation of the tubercle must be arrested.

The question of the possibility of the absorption of crude tubercle has not been definitely settled. There is, however, no sufficient evidence of the fact.

A process of carnification or conversion into a fleshy substance sometimes takes place in gray tubercle, and this is its readiest process of involution, or of being so changed and enveloped by surrounding parts as to be rendered harmless. When this carnification occurs, the mass is no longer tubercle, but obeys laws belonging to the new form it has assumed.

As already stated, when yellow tubercle is softened, its fluid parts may be absorbed, its earthy constituents be left behind, and cretification occur. These chalky masses may be incapsulated and rendered inoffensive, and in this way tubercle is most likely to be cured; still the only mode of cure which is absolute and strictly eliminative, is that by which ulceration occurs in the vicinity, and the tuberculous matter is expelled. But this mode is attended with destruction of the texture of the organs, is necessarily accompanied with much irritation and causes exhaustion. Moreover, while the general dyscrasia continues, the attending inflammation induces the deposition of more tubercle, and thus the disease, instead of being arrested by this process, is usually extended more and more; and even could this crasial state be changed, the blood might be poisoned from the tuberculous ulcers. This process then is generally destructive rather than curative, and these cavities seldom heal. Still when the crasis is removed, this fortunate event sometimes takes place. The inflammation no longer causes the deposit of tubercle, the cavity contracts and is united by a scar texture, and health is restored. In several instances I have seen lungs where old cicatrices existed, interspersed with incapsulated cretifications, the persons having died of some other disease.

\* \* \* \* \*

From all these facts we observe, what I wish you distinctly to understand, that tubercle is an exudation of the liquor sanguinis, but



that the exudation presents marked differences from simple inflammatory exudations, or from cancerous or other specific morbid growths.

Inflammatory exudations may occur at all periods of life, may attack all tissues, but incline more to the vascular, and the effused material may be absorbed away, may be organized into false membrane or be broken down into pus. Tuberculous exudation occurs chiefly in the young or before middle life, has preferences for particular tissues, does not undergo rapid changes, is not converted into pus or organized into membrane, but remains in its primitive state, until changed by slower processes.

The inflammatory exudation is poured out in various quantities, with greater or less rapidity, and may thus be either acute or chronic. The acute depositions are attended by a hyperæmic condition and general inflammatory symptoms. They have a tendency to temporary cell formations, which however rapidly break down, are formed into pus, or are absorbed and excreted by the emunctories. Other forms, and particularly the more chronic, have a tendency to fibrinous or more permanent, organized formations, producing adhesions, strictures, hypertrophies, &c.

Compared with the inflammatory, the tubercular exudation is slow. No perfect cell formation exists, but the tendency is to abortive corpuscles, forming slowly and slowly breaking down. There is little tendency to absorption, crude tubercle, so far as we know, not being absorbed; but there is a strong tendency to disintegration and ulceration of surrounding parts. More or less derangement of the digestive process is apt to accompany it, and a special dyscrasia becomes developed.

Tubercle is thus seen to be the lowest form of exudation, and its character depends not so much probably upon the vascular system, which is a mere apparatus for effecting the exudation, nor so much upon the nervous system, though this conveys impressions and forces and modifies secretory processes, nor upon the texture of the organ in which it is found, as upon the inherent composition and qualities of the exudation itself. It is traced by most pathologists back to the blood, is regarded as chiefly depending upon the condition of the fluids; but this condition of the blood depends upon other anterior states of various tissues, actions and conditions of the organized system. Among the most prominent appreciable causes—those, indeed, standing out far above all the rest—are *imperfect nutrition* and the *retention of effete matter in the body*. To the imperfect action of the *digestive and assimilative* apparatus, and to the *deficient*

*eliminative action of the skin* and other emunctories may we trace tuberculosis; and back further, as influencing these functions, we trace the producing causes of this wide spread malady, in, for the most part, *controllable conditions of air, light, food, exercise, heat, cleanliness, moral causes, &c.*

To a more particular consideration of these causes, immediate and remote, and their bearing upon prevention and treatment—upon *prophylaxis* and *cure*, we shall in the next lecture proceed.

---

## ARTICLE II.

---

### *Change of Type of Inflammatory Diseases—Ought the Lancet to be Abandoned in Inflammations?*

---

For some months past a spirited discussion has been in progress among our British brethren on the question, as to whether inflammatory diseases have changed their type within some years past, so that they require less depleting and more sustaining treatment now than fifteen, twenty, thirty and fifty years ago. It seems to be admitted by both the contending parties, that depletion is not *required now* to the same amount, that it was *practiced then*; one party insisting that a change has taken place in inflammatory diseases rendering proper a change in treatment, while the other contends that no material change has occurred in the type of diseases, and that the old system of free depletion was always wrong. What may perhaps be termed "Old Physic," led on principally by Dr. W. P. Alison, bears strong testimony to the change, while "Young Physic," headed by Dr. John Hughes Bennett, doubts this testimony, and attempts to argue from the essential nature of inflammation itself, that any considerable depletion is necessarily injurious. Indeed, Dr. Bennett seems to regard inflammation as a conservative process which should not be materially interfered with. He dwells more particularly upon *exudation* as the great element of inflammation, contending that depletion will not favorably modify this condition. His opponents (among whom one of the strongest is Dr. W. T. Gairdner, Lecturer on the Practice of Medicine in Edinburgh, a junior and formerly an assistant of Dr. Bennett) on the other hand contend that inflammation exists before exudation occurs; that there is a condition of the capillary circulation, marked by local symptoms and general fever, which, if not checked or removed, will result in disastrous exudations of some kind, and



that in many cases depletion, a bloodletting, will check that condition and avert the consequences; and that, when there is no special tendency to depression of the vital forces, and when the patient has strength to bear a loss of blood, it is strongly indicated, not that it will so much affect the exudation which has already occurred, as to prevent its occurrence, and remove that active congestion which is the precedent and usual accompaniment of such exudation. Of course, they contend for the greater efficiency of bleeding in the *early stage* of the inflammation, and that its utility is often confined entirely to that stage, yet not overlooking the fact that, when exudation has taken place in one point, there may be to a larger extent active congestion in surrounding parts, which needs also to be checked.

We do not propose to enter to any considerable extent into the discussion of the question of change of type of inflammations, such as is alledged to exist, or the collateral questions, pathological and therapeutical, connected with it. But we cannot refrain from expressing our conviction—indeed our positive knowledge—that inflammations do change their characters or type, as they occur at different periods, in different localities and under different circumstances. In our experience of some twenty years, we have witnessed various changes and modifications—vacillations as it were—but not so evidently a simple, uniform, progressive lowering of type. Bloodletting in the inflammations of some seasons and localities would not be well borne, when the next, properly applied, it was the most efficient remedy and attended by no ill consequences. That on the whole there has been a general lowering of type with us, we will not deny. We believe in cycles in disease, but that there is such a decided and radical difference in the type of diseases now and twenty, thirty or forty years ago, as many suppose, we have not sufficient reason to believe. We think that the general character of inflammations has not changed as much within fifteen or twenty years, as their treatment has changed. In our estimation, our fathers and many of ourselves formerly bled too much, and we now bleed too little. In this, as in most other things, one extreme has followed another. The former practice may have gone to a greater extreme in the general and almost indiscriminate use of the lancet in all inflammations, than the more modern has in the other direction. We think it did. But yet we must say that we have hardly bled a patient within the last few years without being highly gratified, almost surprised at the beneficial results, immediate and ultimate. It is true, we have not bled many. Restrained by the general opinion, influenced somewhat we confess

by the power of fashion, we have practiced it with great care—have resorted to it much less frequently, than we would have done in our earlier practice, and never unless the indication seemed clear and the necessity urgent—unless the case was evidently of a sthenic character. But when the blood has been drawn, the patient has been relieved, inflammation has been cut short, and the ultimate results have given us no occasion in a single instance that we can recollect, to regret the measure.

Aside, however, from any change which may have occurred in the type of inflammatory diseases there is less need of bleeding now than from our having a larger number of antiphlogistic agents, and knowing more of the power, and better how to use many of the old ones than was formerly understood.

How far the article may be in general use in Great Britain, we do not know, but with us the *Veratrum Viride*, the American Hellebore, is a most important addition to our *Armamentum Medicum*—to the list of our sedative or antiphlogistic agents—and to mention a single instance of the better understanding of an old remedy, the powers of opium in controlling inflammation are much better understood than formerly. The influence of defibrinating articles is also better known.

In these remarks we wish to be distinctly understood. We by no means deny that diseases are less sthenic now than they were twenty or thirty years ago. A very great change for aught we know may have taken place among our Scotch and English cousins, but we are inclined to the opinion that many there overrate it; and here, especially among vigorous people in the country, cases are not unfrequently met with that would bear depletion well. Those diseases prevailing epidemically, and which we have reason to suppose depend upon peculiar poisons operating as depressing agents to the system generally, and deteriorating especially the blood, are less sthenic in their character and do not bear bleeding well, often not at all. Of this all careful observers are convinced; and there are many reasons for the opinion that such depressing poisons or influences are more generally prevalent, than they were thirty years ago. Some believe that, as since the cholera visitations these changes have occurred, they are in some way dependent upon that cause. This may be true. It is quite certain that from some cause general changes have been produced. Within the last twenty-five years an erysipelatous miasm, or an influence of some character causing erysipelatous diseases, (these diseases taking different forms in different seasons and localities—sometimes an open spreading inflammation of the skin and subcutaneous



tissue, sometimes an inflammation of the fauces and other neighboring mucous surfaces, taking the name of "black tongue;" at other times involving the membranes of the brain and spinal marrow, constituting cerebro-spinal meningitis of a peculiarly fatal variety; still at other times attacking the gastric surface, the peritoneum and other parts,) such a disease, we all know, has spread from place to place and traversed almost our entire country, and perhaps more than the cholera influence has left an impress of a depressing character upon our bodies and their diseases.

This by no means is irrational, and by the closest observers is regarded as true; but yet, as already repeated, no depressing influences are so great or so universally acting, as to prevent entirely the use of the lancet, even in city and hospital practice, and not unfrequently in the country, and among those of vigorous constitutions and active habits the abstraction of blood in the *earlier stages* of active inflammation will do great good.

From what was intended as a mere notice of the controversy between Drs. Alison and Bennett, the present already too lengthy article has sprung, and we will conclude it by saying, that as between the contestants our opinions are much more nearly consonant with those of Dr. Alison.

It would give us great pleasure, as well as benefit to our readers, to hear from the older members of the profession on this subject.

A. B. P.

---

### ARTICLE III.

---

#### *Report of a Case resisting the Action of Cathartics in Unusual Quantities for a long time.*

---

MESSRS. EDITORS PENINSULAR JOURNAL.

*Dear Sirs:*—The following is a statement of a case of obstinate obstruction of the bowels which came under my care, resisting treatment for twenty-eight days. I regard the case as a singular one, considering the symptoms and treatment, and think it may be of interest to the profession.

Mr. —, merchant, aged thirty-five, of good constitution, called at my office in the morning of October 29th, 1857, complaining of being unwell; had taken a day or two before a large dose of cathartic pills, which had failed to produce action of the bowels. I prescribed a

very large dose of Gamboge, Jalap and Calomel, which during the day produced two small evacuations of hardened fæcal matter. Found him in the evening complaining of pain in the bowels; applied a corn meal poultice to the abdomen, and gave five large pills composed of Calomel, Jalap and Gamboge.

Oct. 30th.—Found the patient about the same as last evening; gave an enema composed of two table-spoonsful each of Castor Oil and Molasses, and one of common salt. This brought away a few small masses of hardened fæces. Directed four more of the same pills, to be followed by an enema, the same as in the morning. Poultice continued. These means procured again slight evacuations.

Oct. 31st, 8 A. M.—No change. Directed four more of the same pills, with two drops Croton Oil, to be followed in three hours by an enema of twenty grains tobacco in four ounces water. This produced slight faintness and giddiness, and brought away a small amount of hardened fæcal matter. Repeated the injection in three hours with similar results. Gave during the day fifteen grains Calomel, two large table-spoonsful of Epsom Salts, injected forty-eight ounces of warm water besides some cold—all with little effect.

Nov. 1st., Morning.—Found Mr. — more comfortable; bowels not tender, pulse good. Directed four more of the same pills, followed by warm water enemas. P. M., tobacco enema. In the evening gave two large table-spoonsful of Epsom Salts, followed by an enema of Castor Oil, molasses and salt.

Nov. 2d.—Patient same. Directed six more pills. Passed a long gum-elastic rectum tube into the intestine, met with an obstruction about five inches from the extremity. It was however passed by continued pressure about six inches further. Endeavored by attaching the tube of a self-injecting apparatus to force water into the colon, but failed. Trying to inject water at various intermediate points, I finally succeeded after withdrawing it about six inches. When the tube was entirely withdrawn, there were found three indentations upon it, corresponding with the distances it was successively withdrawn, showing a constricted condition; but the more serious obstruction seemed beyond this. At the time I thought the stricture might be spasmodic, but since have regarded it as permanent. Directed six more pills.

Nov. 3d, 8 A. M.—No change. Kept the patient in a warm bath for three-quarters of an hour, kneading the abdomen while in the bath. Followed this by introducing a tube six or eight inches up into the intestine and injecting warm water, all that could be borne.



4 P. M.—Met Dr. — of —, a man of much reputation and of twenty-five years experience, in consultation. I had attributed the obstruction to faecal accumulations, mixed probably with some hard substances, such as cherry stones, as he had eaten freely of cherries in pies, swallowing the pits. Dr. — agreed with this opinion, and that the seat of the obstruction was in the ilium near the ilio-cæcal valve. Dr. — suggested Castor Oil and Oil of Turpentine, a table-spoonful of the former and a tea-spoonful of the latter, once in two hours by the stomach, and double that quantity by enema at the same time. This was continued eight hours, four doses by the mouth and four by the rectum being given without effect as cathartic.

Nov. 4th.—Found Mr. — much the same; some dullness in the head, nausea and uneasiness of the bowels. Has not set up for four days. Used warm bath, kneading the bowels while in the water, and injections of warm water. Continued poultice to abdomen.

3 P. M.—Met Dr. — again. The more irritating cathartics were abandoned as useless and for fear of exciting inflammation, Epsom Salts were freely given, a table-spoonful once in three hours. We hoped from this article, having a tendency to produce watery stools, acting probably by endosmosis, the hardened faeces would be dissolved. Warm water injections were thrown high in the rectum three or four times per day, and the warm bath repeated occasionally. This treatment with broth for diet was continued with very little change of symptoms until the 10th. Dr. — of — was now called in consultation. He agreed with Dr. — and myself, and suggested nothing new.

Nov. 11th.—Patient quite comfortable; no fever, pulse natural, no nausea, very little pain in the bowels, no tenderness on pressure. Concluded to try active cathartics again. Continuing the salts and injections, a drop of Croton Oil was added three times in the day. Repeated the tobacco injections, with the effect to produce some giddiness.

Nov. 12th.—Mr. — did not rest well last night; skin somewhat dryer than usual. Warm bath three-quarters of an hour. Continued salts and injections of salts, oil, molasses and water.

Nov. 13th.—Patient quite comfortable; pulse good, skin nearly natural. Continue treatment. 11 A. M. met Dr. —, the second counsel called, again. Suggested nothing new. 4 P. M. met Dr. — of —, a third consulting physician. Dr. — agreed with the previous opinions; advised sweet oil in three or four ounce doses, two or three times per day.

Nov. 14th.—Patient comfortable. Injections to-day brought away some fæcal matter, having the appearance of small crums of bread, and of a light yellow color. Gave three ounces sweet oil at patient's request.

Nov. 15th.—Complained of nausea and general uneasiness from the oil. Continued salts and enemas.

Nov. 16th.—Mr. — is quite comfortable. Tongue begins to clean, having been from the commencement covered with a thick whitish coat. Discharged considerable fæcal matter with injections. Sat up one hour and a half. Gave two table-spoonsful of wine and six ounces of brewer's yeast.

Nov. 17th.—Comfortable. Sat up three hours and a half during the day. Some fæcal matter with injections.

Nov. 18th.—Much the same. Very little fæcal passage. Sat up four times. Continued treatment.

Nov. 19th.—Continued treatment, with addition of about a pint of brewer's yeast.

Nov. 20th.—Gradual improvement. Considerable fæcal matter with injections.

Nov. 21st.—Continued usual treatment, with the addition of brewer's yeast. Some of this came by the obstruction, bringing with it some of the sweet oil taken a week ago.

Nov. 22d.—Did not rest well last night. Directed stimulating injections which brought away some sticky lumps of small size, which looked like cherry pits softened; they were whitish externally and blue internally. Felt nausea and general sickness in the afternoon. Commenced to-day using crackers and molasses and toasted bread.

Nov. 23d.—Had some nausea and vomiting during the night. Some fæcal matter passed with injections.

Nov. 24th.—Rested well last night. Continued treatment, with the addition of a table-spoonful of Castor Oil by the mouth. Took a small piece of venison with toast.

Nov. 25th.—Comfortable and great appetite; ate a part of a quail. Continued the same remedies, taking however a table-spoonful and a half of Castor Oil, in place of one dose of salts. The injections brought away quite a large quantity of fæcal matter.

Nov. 26th.—Mr. — rested well last night. Pulse natural. Gave a table-spoonful and a half of Castor Oil, otherwise continued the usual treatment. After the injection in the morning there were three small passages from the effect of the medicine by the mouth, and small pieces of meat were found in the evacuations. This is the first time



I am satisfied that medicine given by the mouth has brought away any fæcal matter lodged above the point of obstruction.

Mr. — still continues to take salts and oil as freely as ever, which causes very good evacuations. I have abandoned the use of injections.

To-day, Dec. 1st, he was able to visit the store.

\* \* \* M. D.

We have given place to the above extended account of a singular case, taking the liberty to abbreviate the letter sent us, but retaining faithfully all the facts. We have also taken the liberty of suppressing the names and places, and now, at the expense of inflicting some pain, we must, as in duty bound, make a few plain remarks.

In the whole course of our medical reading we do not remember to have seen an account of so much active medication of the kind here described borne so well; and while we cannot compliment the patient upon his almost total insensibility to cathartic remedies, we must congratulate him on the strength of his constitution. Notwithstanding the unanimous verdict of the four Doctors, that there was a mass of fæcal matter, mixed with cherry pits, accumulated in the region of the ilio-cæcal valve, we must from the whole history, so faithfully given, express our skepticism of the whole affair. We are even doubtful of the stricture at the lower part of the intestine, fancying that the tortuosity of the lower colon might account for the phenomena witnessed with the tube. It seems to us, after the few first days when the hardened fæces ceased to pass, the man taking nothing but broths for food, nothing to leave a residuum, had no fæces in him, at least none which would not be washed away almost insensibly in several quarts of water which were daily, in installments every few hours, thrown into the intestines. When he began to take solid food, he began to have considerable evacuations. The discharges he had before the crackers were used, might have been formed in part from the large quantity of oil taken and partly digested. The substances, "whitish on the outside and blue within," will hardly pass for softened cherry pits with us, however they might have done with the patient and his attendants.

But we have perhaps said sufficient when we add, that all young practitioners especially should read this case carefully, and reflect upon it profoundly; it contains important lessons. We will not say positively that our view is not a mistaken one; we are by no means infallible. Indeed, all men must be liable to be mistaken, when basing an opinion upon the description of others; but the description of

this case is so full and faithful, that we feel a fair degree of confidence in the impression we have shadowed forth. Decided faithfulness of observation and record are manifested in the reporter—a faithfulness worthy of imitation.

ED. PEN. JOUR.

---

#### ARTICLE IV.

---

#### *Histology of the Nervous Centers.*

---

The following resumé of the results of the researches of Professor Jacobowitsch on the minute structure of the nervous system has recently attracted much attention from the members of the *Academie des Sciences*, and elicited eulogium from some of its most distinguished members. Like the recent researches of Stilling, Owsjannikow, Duhossek and others, which in most points it confirms, it is an able effort in the right direction to unravel the mechanism of nervous action. By this method alone as a preliminary condition, can a sure foundation for a stately hypothesis ever be obtained; without this basis, all speculations, however elaborate and ingenious, must ever be as uncertain and unsatisfactory as speculations regarding the mechanism of respiration without an intimate knowledge of the structure and properties of the various elements of the thorax.

It may serve to facilitate the comprehension of the author's views, to state that in common with other histologists he recognizes three varieties of nerve cells, distinguished from each other not less by form, size and structure, than by their functional capacities: 1st, multipolar, large cells, with from three to eight radiating processes; 2d, fusiform cells, with from three to four processes; and 3d, bipolar cells, of smaller size and with but two processes. The first, from their connection with motor nerves, are called motor cells; the second and third respectively sensitive and ganglionic cells, by reason of their connection with nerves of corresponding function.

[Translated from *Comptes Rendus*, Aout. 1857, and *Archives Generales*, Oct. 1857.]

1st. The medulla spinalis, the medulla oblongata, the corpora quadrigemina, the cerebrum and cerebellum, in short the entire nervous cerebro-spinal system, as well as the ganglionic system of nerves, are composed of three forms of vesicular neurine, viz: motor cells, sensitive cells and ganglionic cells; and to these must be added axes-cylinders, connected with each variety of neurine cells. The gan-



glionic nerves do not constitute an independent system, but are a part of the cerebro-spinal nervous system.

2d. A histological element, not less important than these, enters largely into the constitution of the nervous system; it is the areolar tissue. It not only unites the isolated nervous elements and arranges them in groups pertaining to their respective subdivisions, but it possesses also a physiological importance, inasmuch as it conducts the vessels through which the nutrition of the parts is maintained. Perhaps also it contributes, by furnishing a sheath for the cylinder axes, to the functions of these parts.

3d. The structure of the medulla spinalis presents variations in its different parts, as to the number and disposition of its essential nervous elements. These diversities of structure are relative to the functional differences of the nerves which derive their origin from special regions of the cord, as the cervical and lumbar enlargements.

4th. The precise determination of the regions of the spinal cord must necessarily have a practical application in pathology and in therapeutics, and must exercise an influence in the diagnosis of nervous diseases in general, and specially in those of the medulla spinalis, as well as in their treatment.

5th. The medulla oblongata must be regarded as a continuation of the medulla spinalis, arising from a great development of the posterior cornua, and of the sensitive as well as of the ganglionic cells of the spinal cord. It is distinguished from the medulla spinalis by the nearly complete absence of the motor cells of neurine.

6th. The corpora quadrigemina forms also an immediate continuation of the spinal cord, with which it is connected by the medulla oblongata. It is the last ascending region of the cerebro-spinal center, where all the vesicular elements are associated, whether among themselves or with the origins of the nerves. The corpora quadrigemina are distinguished by the great horse-shoe formed commissure in which is found exceptionally the first variety of ganglionic cells.

7th. The nervous fibres proceeding from the horse-shoe commissure pass through the thalami optici to the corpora striata, as can easily be ascertained by making horizontal sections. This commissure must therefore be regarded as an essential means of union between the spinal cord and medulla oblongata on the one hand, and the cerebrum and cerebellum on the other.

8th. The cerebellum must be regarded as a subdivision of the nervous system, constituted in part by the anterior fascicles and the anterior horns of the medulla spinalis, which pass for the most part

through the peduncles of the medulla oblongata to the cerebellum, with their motor cells and conducting fibres; in part by the posterior nerve fascicles and their sensitive cells, which are also found in the corpora restiformia; also, in part by ganglionic cells, which grouped in great masses, form with the aforesaid elements the mass of the medullary substance of the cerebellum. The latter is connected with the pons varolii and the corpora quadrigemini by the peduncles of the medulla oblongata, and the processus cerebelli ad testes. And finally, in part also by a gray substance which forms the enveloping layer of the organ.

9th. The hemispheres, like the parts of which it is composed, consist essentially of sensitive cells with a peripheral layer, which, like that of the cerebellum, is formed of axes-cylinder, terminating in what I have called the *couche en baguette*.

10th. The substance of Rolando must be regarded as a pure nervous mass, consisting of pure axes-cylinder, with or without medullary substance, which exists not only in the posterior horns of the medulla spinalis, but also in the cerebrum, the cerebellum and the corpora quadrigemina, with their fibrous net-work and apparently fine granular layer.

11th. The corpuscles of the areolar tissue met with in the nervous centers can not always be determined positively. Most frequently it presents itself everywhere as very fine grains, and in some places arranged as a net-work. Frequently, especially where the axes-cylinder are cemented, it assumes the form of a homogeneous, transparent membrane, the granular structure of which is exceedingly fine and is reduced to a very small quantity in the central nervous system.

12th. All the elements of the nervous system are united in three different modes:

1st. By commissures which connect symmetrical groups of vesicular neurine by cylinder-axes. Such are the anterior and the posterior commissures of the spinal cord, the commissures of the cerebellum, and the horse-shoe commissures in the corpora quadrigemina, and lastly, the commissures of the sensitive and ganglionic cells of the medulla oblongata.

2d. By the union of the vesicles of cell groups upon the same side of the mesial line and among those of the same kind. Thus are the groups of motor, of sensitive and of ganglionic cells connected, which lie more or less remotely from each other, while in the cerebellum and corpora quadrigemina those only that lie near each other are thus connected.



3d. By the peripheral layers of cells of the cerebrum and the cerebellum, which communicate with the motor, sensitive and ganglionic cells and their ramifications, as I think I have demonstrated.

13th. Neither in the entire nervous mass, nor in special and isolated portions of it, is the size and extent, or the weight a measure or index of their importance, either in animals or in the human species; but their relative importance is in direct proportion to the size or mass of the three varieties of vesicular neurine. In man these vesicles are smaller than in all other animals, and hence are more numerous in a given mass. As the vesicular neurine seems apparently to be capable, like all other histological elements, of multiplication, I deem it probable that a numerical augmentation of these elements take place, simultaneously with a diminution of the areolar tissue, during the period of intellectual development the absolute size of the mass meanwhile remaining unchanged. In dementia and in the different forms of cretinism, on the contrary, pathological investigation has clearly shown that a similar increase of these essential elements does not occur, but rather a substitution of the connective element for the vesicular.

14th. The variety of colors or of shades that are met with in various localities, and which are regarded by anatomists as characteristic of those regions, are not at all dependent upon modifications in the nerve cells, but exclusively upon the number, size, &c., of the veins and arteries of the part where these colors exist.

15th. In relation to the origin of the cerebro-spinal nerves I still maintain the opinion announced in a previous publication, that all these nerves are from their origin of a mixed character. To this conviction I am led by numerous researches. For the present the following results of my investigations are submitted:

1st. The anterior or motor roots of the nerves are composed of filaments proceeding from motor cells, from ganglionic cells and from cells of sensibility. Those derived from sensitive and ganglionic cells vary in number in different portions of the spinal cord, as for example in the cervical and lumbar regions.

2d. The posterior roots consist chiefly of filaments proceeding from the cells of sensibility and ganglionic cells, and in much smaller proportion from the motor cells.

3d. The nerves of the medulla oblongata consist almost exclusively of filaments from the ganglionic and sensitive cells; a very few also contain filaments from motor cells; but the origin of those from the medulla is rather apparent than real.

4th. The nerves of the three principal special senses are derived exclusively from the ganglionic and sensitive cells. With this exception, all the nerves of the cerebrum (including mesocephalon?) consist of filaments from sensitive, motor and ganglionic cells.

16th. In conclusion I must add an observation made in the course of my researches. Many animals were killed suddenly to make my preparations, by employing such narcotics as coneine, nicotine, prussic acid, &c. In all these cases the brain and spinal cord were found to be totally useless for histological investigation, for the cellular and nervous elements were entirely destroyed by the laceration of the membranes and separation and rupture of the nervous elements, and the dispensation of their contents. These results seemed attributable to the sudden interruption of nutrition by the action of the poisons. We are thus furnished with an appreciable explanation of the mode of action of the narcotics, and especially of the alkaloids. These facts and results are based upon a great number of microscopic sections, from all parts and in every direction of the nervous centers, from the extremity of the spinal cord to the surface of the cerebral hemispheres, and not only in man, but in many different animals. They are derived from 25,000 analogous sections, which are so well preserved as to be capable of being transported, and leave nothing to be desired in relation to clearness and precision.

17th. These observations prove that the various enlargements of the spinal cord and the medulla oblongata depend upon the number, arrangement and distribution of the essential nervous elements or vesicular neurine.

A. S.

---

#### ARTICLE V.

#### *Reverie of a Country Physician.*

---

It was on the 20th of November 1857, when, after a hard day's ride, I returned to my office, made the old stove glare with radiant heat, lighted my lamp, and proceeded diligently to study the pathology of an obscure case, then beseeching relief at my hands.

As the temperature of the surrounding atmosphere became gradually augmented, life's circulating current which had been driven internally by old Boreas himself, (who, as if "to get his hand in by a little practice," had been frolicking as he is wont at midwinter,) was



again invited to the surface. My light waned for want of a new supply of fluid; my brain became torpid, my book slipped from my hands, and I *mused*. I fully realized that the *present* is the "*nineteenth century*;" that it is an age of "*progress*," and that, whereas in former times a message could be conveyed only at the slow pace of flesh and blood, we now have but to step to a telegraph office, and in the twinkling of an eye our thoughts are indelibly stamped upon paper in the immediate vicinity of our absent friends, however distant. An *iron horse* has been constructed and taught to do our bidding! Earth, air, fire and water are valuable auxiliaries to our pleasure and profit, and are used and controlled by individuals who know little or nothing of their composition or the laws by which they are governed. The mechanic lays out his work by patterns which were provided for him by other individuals. The mariner, who was once restricted to coasting, now launches boldly out to mid-ocean, relying implicitly upon arbitrary charts and tables, the accuracy of which he knows nothing personally. In short, there seems to be a culpable desire for "*systematizing*."

Most things are attempted to be done *arbitrarily*! The terms "cause and effect" have become obsolete, and conclusions are "jumped at." As regards both our public and private affairs, instead of healthy bone and sinew—the product of slow growth—ours is a mushroom excrescence. The day-laborer is paid off in a circulating "medium," which forces itself upon us to-day at a given value, and to-morrow may be as worthless as the leaves upon which he treads.

The homœopathist has symptoms and their corresponding remedies *tabulated*, (such a table must be a glorious "labor saving machine!") so that he invariably administers the same remedial agent to combat the same symptoms, regardless of cause or consequences. Such a "system" as this knows *nothing of* and cares *less for* the pathological condition of the patient. Oh, that I could lay aside principle! Could I but smother conscience, I might save myself a vast amount of labor. My patients and community at large would know nothing of the amount of suffering, and perhaps death, occasioned by my neglect; and I should at least be partially remunerated for my long and tedious night rides by the gratifying intelligence, that my "medicine (sugar pellets) is *very palatable*."

But in this "nineteenth century" the "spirit of progress" as applied to the "healing art," has not stopped here. In thousands of instances, individuals (as for example Dr. K. of D., and Mr. J. S. of A. A., who has dignified himself by the self-styled title of Doctor,) have induced

their patients to "meet them half way" once per month, extorted from them six dollars each, and permitted them to return.

But "Dr. S.," like a true pioneer in this "age of progress," has rendered his *machine* nearly perfect; for, by simply leaving a bottle of counter-irritant (a solution of corrosive sublimate in alcohol) and two boxes of powders, (to be divided into thirty-two parts each and taken alternately morning and evening,) with a slip of paper containing *printed directions*, (to save time,) and *pocketing six dollars*, (the direct effect of the medicine, whether taken or not,) *his work is done*. Should his patients discover that he treats all diseases alike, or should their suspicions be aroused by the fact that his directions are *printed*, it is an easy matter to convince them that "all diseases have their origin in impurity of the blood," and that his medicines are exactly calculated to remove such impurity, thereby striking an effectual blow at the root of all diseases.

It is true that, when called upon to prescribe for Mr. S., who for the past eighteen months has been suffering from quite profuse scrofulous discharges, he diagnosed "*black erysipelas!*" and prescribed as above. But what of all that? *He got his six dollars!*

Oh, glorious "*progressive age!*" Oh, happy and — — — — — But here a *fierce rapping* at my door aroused me from my slumbers and fully awakened me to a realizing sense of the truth of the foregoing remarks, notwithstanding they are the production of a half slumbering brain.

December 8th, 1857.

C.

---

#### ARTICLE VI.

*From our Chicago Correspondent.*

The Marine Hospital of this city has undergone another change of Surgeon. I am informed that Dr. McVicar has been removed\* by the authorities at Washington, and Dr. Max Myers appointed in his place. It is supposed here that the change has something to do with the political differences which have lately sprung up between Senator Douglass and the President, the removed incumbent being one of Douglass' friends. This theory, however, may be merely gossip, as I have no reliable information as to the cause of the change.

---

\* We have since learned that the above report is contradicted, although it is obviously expected by certain individuals.



The City Hospital is in *statu quo—non est inventum*. The attempt to make a hospital out of a mixture of homœopathic ingredients, is necessarily a failure, as saith the ancient philosophic maxim, *ex nihilo nihil fit*.

The Academy of Sciences listened last week to an able lecture from Prof. Byford on the origin and formation of the Mammoth Cave in Kentucky. He illustrated the subject with a diagram, showing the ground plan of the cave, and proceeded to prove incontestibly that this great cavern was excavated by subterranean streams derived from surface water. One of these streams entered at the present mouth of the cave, and being joined by numerous side branches, the resulting current flowed on in a great river, which at length descended in a cataract and disappeared into still deeper caverns below, and ran off in unknown channels. Most of the tributaries of this stream have cut their way down to a lower level, forming another system of channels below the original ones, so that the cavern is two or three stories deep; the upper one being now mostly dry, while the streams still flow in unexplored caves beneath the feet of the visitor.

The diseases in the city during December show a change to the forms which are usual in cold weather, viz. acute inflammations, but display nothing peculiar in their type and grade. The amount of sickness is somewhat increased as compared with November.

The matter of the resurrectionizing City Sexton makes no further noise. After the excitement subsided a little, Prof. Davis wrote an article in one of the daily papers, showing the necessity of dissection and the absurdity of that prejudice which requires skill in the practitioner under heavy penalties for malpractice, and at the same time makes it unlawful to acquire that skill in the only possible way. It is proper to say in behalf of the State of Illinois, that it does not punish resurrectionizing with imprisonment, but only with a fine of five hundred dollars, which is a slight improvement over the penalty of imprisonment which is inflicted in some States.

Cook County Medical Society, which is virtually the Chicago Society, met this month as usual. The attendance at the meetings is growing larger, showing a gratifying improvement in the condition of the profession. The discussion was upon diseases of the uterus, and the subject was well canvassed. One person, however, amused the society very much by expressing his opinion that the large female syringe, which has a ball on the end of the pipe, *very generally enters the uterus*, when it is used. The smothered laughter of the members at this announcement was curious to behold. Dr. Graham, formerly

of Flint, Mich., read a very able paper on the subject under discussion, and the meeting as a whole was highly gratifying.

The hydropathic establishment near the city, called the Lake View Water Cure, has expired, like the homœopathic hospital, for want of funds. On the whole, quack systems are not making very encouraging progress in this city. There seems to be a lurking idea among the people, that true physicians are the most reliable friends of the sick, and this impression is a serious drawback on the enterprizes of pretenders.

X.

---

## SELECTIONS.

---

### OBJECTIONS TO THE UNION OF THE SCHOOLS.

We cheerfully sacrifice the whole of our editorial space, in order to make room for the communication of a valued correspondent, who desires, in answer to the several editorials which have recently appeared in this journal, to urge his objections to the proposed union of the Virginia medical schools. To those who are familiar with the distinguished professor whose initial is attached to this letter, it is unnecessary to say more than that whatever comes from his pen, deserves a respectful consideration. Viewing the proposition in a point of view entirely different from the one assumed by us, and appreciating, as he has the best right to do, the honorable and well won reputation of the institution, for which no one has labored more than he, we ask for his arguments an attentive perusal.

Having received the "objections" of our correspondent at the very moment of going to press, we are neither ready nor desirous to append any criticism, or offer any refutation, preferring rather that he should have a fair field and an unbiassed hearing. Reserving, then, any remarks we may deem proper for a future occasion, we will only delay our readers for a moment, in order to free ourselves from a charge of *inconsistency*, urged against us by our respected friend, who expresses surprise that we should now advocate this course of policy with regard to the Virginia schools, although a few years ago we hesitated to make the attempt, fearing that the usefulness of the University school might be impaired.

It will only require a few words and an examination of our language as quoted in the letter, to relieve us from this charge.

The first contribution we ever made to the pages of this journal was an appeal to the Virginia profession to unite in the support of a central medical school, and the union of the University with the then Medical Department of Hampden Sidney was suggested. Just at this time the Richmond College was struggling for its very existence



with its former trustees, and was in a critical position and about to appeal to the legislature for assistance. At the Charlottesville meeting of the society in 1853, we brought up the subject of medical education *generally*; and on receiving the appointment of chairman of a committee on that subject, suggested for its consideration the union of the two schools. Desirous then, as indeed now, of accomplishing a good object without doing hurt to any, we listened to the "objections" urged by our coadjutors, among whom we will especially mention Dr. Stribling, of Staunton; and in view of the fact that the Richmond school was then in great danger of being overthrown, or at least dangerously weakened, we agreed to propose a State organization for the Richmond school, in the language of the report, preferring "that the University school should remain as it is *at present*, and be held by the profession as the great preparatory school of the State."

*Tout cela est changé.* The Richmond school has passed through its season of trial, and is now the "Medical College of Virginia." We no longer see cause "to fear that an attempt to transfer the University to the only point in the State where clinical instruction can be obtained, *might* impair its usefulness;" and although once willing through superabundant caution and from an earnest attachment and respect for that institution, that it should remain under its then organization *for the present*, we thereby indicated, if *future* circumstances would justify such a policy, that we would return to our original proposition. Are we inconsistent when we attempt to show that the then present circumstances which made us hesitate as to the prudence of the step in 1853, are *now* among the past; when, instead of tying the tottering Medical Department of Hampden Sidney around the neck of our friend's much loved school, we offer him an institution every way an equal—just the school, in effect, that we in our report hoped to build, and in whose present effective organization we may not improperly claim a modest share?

With these remarks, we submit the communication of our correspondent to the reader without further comment.

MR. EDITOR:—I have read with surprise and regret your several arguments in favor of the union of the Medical Department of the University with the Medical College of Virginia located at Richmond—a proposition which, if it were carried out, would simply amount to an annihilation of the former school, with little or no advantage to the latter, and a great positive detriment to the cause of sound medical education in the South. The *regret* I have just expressed, rests upon the strength of my convictions as to the disastrous consequences that would attend the experiment which you so earnestly advocated. My *surprise* in view of your present course grows out of my knowledge of the fact that a few years ago you satisfied yourself, after due inquiry, that it would be detrimental to the interests of the cause which we all have at heart, to remove the Medical Department from its present position. Having, prior to this inquiry, advocated the removal of the Medical Department of the University to Richmond,

on grounds similar to those on which you now propose a union of the two schools, you yet yielded to the force of the considerations presented to your notice; and with a magnanimity in entire keeping with the uniform tenor of your writings on this subject, you, as chairman of a committee appointed to consider this subject, reported adversely to your own proposition. I refer, of course, to the proceedings of the Medical Society of Virginia, at its first semi-annual meeting held in the town hall in Charlottesville in October 1853. In a report submitted by you on the subject of medical education, you said as follows: "The State has already a medical organization, to be found in the Medical Department of its University. That institution deserves, and we hereby accord to it, our most cordial approbation for its thorough and complete course of education, which has given to its students a high position in those colleges which they have subsequently attended. But this institution, as at present situated, can never be a complete and perfect Medical University, owing to its inland position and the impossibility of giving to its students that amount of practical knowledge which we all recognize as essential for the formation of a thorough medical education. We also fear that any attempt to transfer this institution to the only point in the State where such instruction could be obtained, might greatly impair its present usefulness. We therefore prefer that it should remain as it is at present, and be held by the profession as the great preparatory school of the State."

Again, in the leading editorial article of the *Virginia Medical and Surgical Journal* for February 1855, you give a clear and appreciative account of the peculiar features of the Medical Department of the University, in which you declare with marked emphasis, "that Virginia has founded a medical school, now in successful operation, which has always been, and is now, the *best medical school in America*." And you go on to say, that, "if there was no feeling of State pride to actuate us—if there was no love of our native land to govern us—we would, from the honest belief that we were seeking his best interest, desire every man intending to join the medical profession to become a pupil of the Medical Department of the University of Virginia."

I gladly recognize the fact that the general tenor of your later statements, respecting the value of the instruction given to the medical students at the University, is in perfect harmony with the spirit of this passage from one of your early editorials. It is not cited, then, with any view of convicting you of inconsistency, since I understand you to hold now the very same opinions as were then expressed. It is quoted mainly for the purpose of divesting this discussion of all "side issues," and narrowing it down to its proper limits. I cannot entertain a doubt that the same considerations which, when first brought to your notice in 1853, induced you to report adversely to your own proposition for a removal of the Medical Department of the University, will, on being recalled to your recollection, again convince you of the inexpediency of such a course. Now, as then, you bear emphatic testimony to the soundness and thoroughness of the elementary instruction imparted to the students of that department



of the University. In point of fact, it has become proverbial throughout the State and in all the Southern States, for the excellence of the training received by its first course students. Its superiority in this respect over all other medical schools in the Union is universally admitted; nor is it only its relative merit which is thus recognized. Its absolute claims to the confidence of the public, founded as they are upon its conformity with the general system of our University, are equally incontestible. It is true that one individual, from whose "private letter" you quote a passage in the October number of your journal, and who, from the identity of the phraseology, appears to be the writer of an article on the same subject in *The South* in the latter part of September, insinuates rather than directly asserts what cannot be truthfully maintained, namely, that the medical diploma from the University lacks the high position in public estimation, now conceded to its literary and legal diplomas. I repel the charge thus cunningly insinuated. Regard being had to the character of the medical diploma as an honorable certificate of medical scholarship, a comparison with any other department of the University is fearlessly challenged. Some idea of the difficulty of graduating may be gathered from the fact that it is accomplished by a much smaller proportion of the class than in any other medical school in the United States, notwithstanding that all are permitted to be candidates. Thus at the last session only *ten* young gentlemen took the degree out of a class of about one hundred and ten.

It is not without its significance, that this unjustifiable attempt to discredit, by a sly insinuation, the medical diploma granted at the University, was first made through an extra-professional channel, and then repeated in a "private letter," designed to stimulate your zeal in the further prosecution of a scheme which you were supporting by an open and avowed advocacy. Such movements appear to me to betray interested motives on the part of the writer, and to indicate a well founded distrust of his authority before a professional tribunal.

Dismissing now his assertions as undeserving of further notice, I desire to state briefly some objections to your scheme.

Your position I take to be this. You admit, in strong and emphatic terms, the excellence of the medical school at the University, as the "great preparatory school of the State" and the "best medical school in America;" but recognizing the want of means of clinical instruction in Charlottesville, you recommend a removal of the school to Richmond, on the alleged ground that the peculiarities on which its excellence and success depend, may be retained at Richmond, and the lacking clinical advantages be superadded, and thus an absolutely perfect school may be built up. Recognizing the disinterested purity of your motives, I almost experience a lively regret that your ideas respecting the improvement of medical education cannot be carried out. But in point of fact, you have assumed many things that have never been verified, but on the contrary are absolutely opposed by all our experience of the past. You assume that the Medical Department of the University can be transferred to Richmond without losing the peculiarities upon which its present success depends. This I

emphatically deny, and I think I can satisfy you now, as others satisfied you in 1853, that "*the attempt* to transfer the school" to any city "would greatly impair its usefulness." You further assume that clinical instruction must be carried on *pari passu* and by the same instructors, with the instruction in the elements and theory of medicine. This I also deny, and shall justify my denial by the results of the experience of the great medical schools on the continent of Europe. You assume, thirdly, that a large class of students would attend a medical school in Richmond with a session of nine months and rigorous examinations for degrees. This, it strikes me, is a most gratuitous assumption, totally unwarranted by the history of all attempts hitherto made to raise the standard of requirements for graduation in any of the city medical schools of our country.

1. The peculiarities to which the Medical Department owes its success, are mainly the following: The length of the session, the subjection of its pupils to the same discipline with the academic students in respect to daily recitation, and in requiring a certain degree of proficiency as the condition for being permitted to remain in the institution, the exclusive devotion of the professors to the work of teaching, and the consequent familiarity of the relations between them and the pupils.

In regard to the first named of these peculiarities, it may appear very easy to introduce it into a newly organized school at Richmond; but it is next to certain that the reform would be rendered nugatory by the refusal of students to submit to more rigorous requirements in Richmond, than would suffice to obtain a diploma in Philadelphia, Baltimore or New York. Especially might we expect such a result, when we remember that many very worthy and eminent members of the profession have doubted the expediency of assigning the medical student exclusively to public schools, and superseding the work of the private teacher. It is urged, with at least sufficient show of reason to be seized upon by the student, that there are disadvantages incident to spending the whole or the greater part of the year in the city in the study of the theory of medicine, that may be taught perhaps more efficiently by the private instructor. The students are scattered over the city, are not under the supervision of the professors, and seldom or never see the latter, except in the lecture room, where, of course, there cannot be free and familiar intercourse. Perfect instruction, it is rightly maintained, cannot be given by lectures alone, nor by these in combination with examinations. These are, indeed, of the highest importance, but the first course student requires something more. He needs to have frequent opportunities of familiar intercourse with his teacher. Accordingly, it is universally conceded that a private instructor is needed to supplement the admitted deficiencies of the public schools in this work of elementary medical education.

Now, the Medical Department of the University is expressly organized for the purpose of combining the advantages of public and private teaching. It makes use of the system of lectures and class recitations, and employs the means of illustration only to be found



in public institutions; but, on the other hand, its professors are exclusively engaged in teaching and reside in the precincts of the college, and thus stand to their pupils in the relation of private instructors. It substitutes the regular and systematic operations of a corps of professional teachers for the necessarily desultory and inefficient aid of persons, whose attention must be mainly engrossed with the practical duties of their calling.

It is precisely at the commencement of his medical studies that the student most requires the aid of regular and systematic instruction, such as can only be given in each branch by persons who make it a special study. No one physician can give suitable instruction in all the branches of medicine, even though his ordinary professional duties should be so light as to allow him time for the attempt. And on the other hand, the student cannot obtain such familiar instruction as he needs, from a number of men whom he sees only in the lecture room, and to whom, too, the business of lecturing once a day is subordinate to other and more urgent engagements. The Medical Department of the University, by reason of the enumerated peculiarities, supplies both wants, and the most important of these peculiarities, depending on its connection with a general University, cannot be transferred to Richmond.

2. It is freely admitted, however, that the education of a medical student cannot be completed at the University. An immense majority of the members of the medical class attend one course of lectures without graduating, and then matriculate for a second term in some of the city schools. Even the few graduates never think of passing at once into the practice of their profession, but always visit some of the larger cities, in order to prosecute clinical studies for a greater or less length of time. You appear to consider this an inconvenient and objectionable arrangement. Not thus thought Mr. Jefferson, who actually proposed to establish at Norfolk a clinical department in connection with the medical school at the University. In all the great medical schools on the continent of Europe there is a virtual separation between the elementary and the clinical departments, which are respectively under the charge of separate and distinct professors. Mr. Jefferson had inspected the most celebrated of these schools, that of Paris, and well knew that, though clinical medicine was there taught to perfection, it was *not* taught in connection with the elementary lectures, and that the students did not enter the hospitals until they had ceased to attend the lectures on the elementary branches of medicine; so that, if the school for elementary instruction had been located elsewhere, and the students had come to Paris only for clinical instruction, the result would have been the same. And in fact, this is precisely the course pursued by hundreds of foreign students in Paris. They get their elementary medical education at home, and then visit Paris to pursue clinical studies. A few Americans, under the vague idea that the Parisian school is the best in the world, have gone to that city to commence their medical studies, but in almost every instance they have found it wiser to return home and to revisit Paris at a later stage of their studies.

Certain persons who, for selfish motives, have advocated the removal of the Medical Department of the University to Richmond, have absurdly contended that the student should have an opportunity of testing the truth of the theories taught in the lecture room by observations at the bed side, as if any respectable teacher of medicine was in the habit of teaching theories so transparently false that a mere tyro could at once set them aside.

You, Mr. Editor, have never been guilty of prostituting your pages by so contemptible an appeal to the ignorance of youthful candidates for admission into the ranks of the profession. And yet as the appeal is made by others in advocating a scheme which on other grounds you defend, you will pardon me for referring to it in this connection. In the best medical schools of Europe now, as in Mr. Jefferson's day, a very different opinion is entertained as to fitness of the first course student for studying disease by the bed side. Thus, one of the most zealous and uncompromising advocates of the reform of our system of medical education, while contrasting our defective American system with that of the celebrated medical schools on the continent of Europe, makes the following statements:

"At Vienna, Berlin and Paris, besides the few practical branches to which our instruction is almost exclusively confined, the student in one or the other of these cities is obliged to learn botany, zoology, mineralogy, general anatomy, comparative physiology, the history of medicine, general pathology, pathological anatomy, surgical pathology, medical physics, medical jurisprudence, hygiene, general therapeutics and clinical medicine. But the lectures on these various branches are not all delivered at the same time, nor to the same classes. The first year of the course is devoted exclusively to anatomy, physiology and the other fundamental departments of the science. In the following one, special pathology and its adjunct therapeutics form the principal subjects of the lectures, and it is not until the student is thoroughly versed in the theory of medicine and the principles of the medical art, that he is taken to the bed side to witness their application. In most of the continental schools the last two years (out of four) of the course are chiefly occupied with clinical medicine."

Let it be observed, that the practical "application of the principles of the medical art" is made at the bed side by clinical teachers, who have no part in the previous work of elementary instruction. And this feature is justly regarded as one of the crowning merits of the continental system, so that the enlightened advocates of reform in Great Britain are striving to set aside the cumbrous machinery belonging to the close corporations of that empire, in order to imitate the better system of their neighbors.

Thus, Mr. Surgeon Wilde, in his work on Austria and its institutions, after giving an account of the system of medical education and indicating its merits, presents, as a painful contrast, the defects of the English schools and uses the following language:

"Again—in the order (if the term can be so applied) of these studies, hospitals and practical subjects are attended to long before their theory has ever been learned. Here the pupil really walks the



hospitals without acquiring a definite knowledge of any one thing; he witnesses operations, of which he neither understands the rationale nor the cause, except by his grinder, during a few months' hard study prior to his examination, the result of which more frequently depends upon his memory than his practical knowledge."

This plan of making clinical instruction *follow* instead of *accompany* elementary teaching, is so obviously the natural and effective plan, that all our better students adopt it in spite of the absurd attempts of the schools to impose upon them a different system. Who does not know that all who really get clinical teaching at all, get it independently of the schools, and generally, nay, almost invariably, after graduating.

Your private correspondent alludes to the "clinical sham" of the Northern colleges. He is fully justified in thus characterizing it. But why or how it is to be less a "sham," when practiced in Richmond, I cannot for the life of me see. Whatever school undertakes to teach clinical medicine to first course students, perpetrates a "sham" on the college, Northern or Southern. Whatever college undertakes to give clinical instruction to a large class of students, must of necessity fail to fulfill its purpose. Clinical teaching can only be given at the bed side, and from the nature of things can never be given effectively to more than twelve or fifteen persons at the same time. The attempt to do more must always result in a mere "sham," whether practiced in Philadelphia or in Richmond.

It appears, then, that a complete medical education includes two distinct stages: first, instruction in the elements of medical science and the principles of the medical art, and secondly, practical instruction at the bed side. The Medical Department of the University is admitted to have more than fulfilled the promises of its founders in respect to the first, and does not profess to touch the latter, but sends its very few graduates to the best sources of clinical instruction in the Union, and some of them to Europe. The American city schools absurdly profess to give both elementary and practical instruction, and in the attempt to combine the two under one set of instructors, delivering the same lectures to first and second course students, fail to do either effectively.

One of the arguments occasionally used in favor of the removal of the Medical Department to Richmond, is ludicrously wide of the mark. It seems to be supposed that the department costs the State \$3000 a year, and that, therefore, if the school were abolished, new professorships much needed at the University might be at once endowed. Those who urge this argument know, indeed, that each of the professors receives a salary of \$1000; but they do not know, or forget that the income of each professor is limited, and that the surplus of tuition fees goes into the general treasury of the institution. The Medical Department not only pays all its own expenses, including the entire salaries of its professors, but in addition to all this, contributes more than \$2000 a year to the funds of the institution.

Thus, at the last session there were 110 *full* medical students,

who paid for tuition and matriculation the aggregate sum of \$13,200. Crediting the Medical Department with this amount, we have to charge it with the following items :

Incomes of three professors, - - - - -	\$9,000
Income of the demonstrator of anatomy, - - - - -	700
Annual appropriation to the schools of surgery and practical pharmacy, - - - - -	150
Hire of a negro man and estimated cost of board, - - - - -	140
Fuel for the medical lecture rooms, say - - - - -	40
<hr/>	
Total expenditures,	\$10,030
Aggregate of receipts,	13,200
<hr/>	
	\$3,170

If now we charge the Medical Department with the rent of the houses occupied by its professors, and fix this rent at \$300 for each of the houses, we still have a sum of more than two thousand dollars annually added to the revenues of the University out of the proceeds of the department, after paying all its expenses.

But this aspect of the question may be presented in a still stronger light. The advocates of the removal of the Medical Department admit that a professorship of anatomy and physiology ought to be retained, as these subjects constitute interesting and important branches of a general education. In point of fact, still another professorship would be required, in order to complete the circle of the natural sciences. For, while animal physiology, comparative anatomy and zoology might be assigned to one, botany and vegetable physiology, with its relations to theoretical agriculture, would furnish adequate material for another. It is quite certain that neither of these chairs would be self-supporting. There would be no surplus of fees to offset the salary of \$1000 paid by the State, as is now the case with the medical professorships. On the contrary, it is very improbable that the fees would be sufficient, even with the aid of the salary, to support the professors. The taste for such studies in our utilitarian age and country is not yet sufficiently diffused to support such chairs without a large endowment. This is found to be the case even in the Harvard Scientific School, invested though it be with the eclat of such names as Agassiz and Wyman. And yet surely no Virginian would desire the University of his native State to be without the means of teaching the elements of natural history, because the number studying such subjects is small. Now, by removing the medical school the institution would not only lose over \$2000 of its present revenue, but would be required to disburse \$2000 as the salary of two professors, who are now supported by the medical department.

So far then from the medical school producing a *plethora*, which must suffer depletion in order to make room for a chair of agriculture and other schools, as your correspondent has foolishly asserted, it appears that the department will actually supply, without cost to the State, the means of giving instruction in several branches of learning



necessary to an agricultural school, and which, without the aid of the medical department, would have to be supplied at an enormous expense.

In conclusion, Mr. Editor, let me express the hope that, in view of the considerations herein presented, you will reconsider your conclusions on this subject. You do not, of course, lay claim to infallibility of judgment. However strong your belief may be as to the probable benefit likely to accrue from the adoption of your scheme, it cannot be stronger than the convictions entertained by others of an entirely different result. Is it wise, is it right to make an experiment which, if they do not mistake and you happen to be in error, will destroy the best medical school in America? Why not make your experiment of enlarging the curriculum and extending the term of the Richmond school, without interfering with the University?

If it be possible, as you and your correspondent urge, "to combine the thorough elementary teaching of the University with the practical advantages to be found in the metropolis," and there "to form a school which would command the support of the Virginia profession," why not proceed to do it at once, without disturbing the University? Surely the capacity to give thorough elementary instruction does not depend on the *name* of the University, nor does it depend upon the school being under the government of the board of visitors of the University. If by transferring the professors of the medical department to Richmond these grand results can be accomplished, surely they can be accomplished by the appointment of an equal number of gentlemen, to be selected from the medical faculty throughout the State. Those who deprecate any attempt to disturb the existing organization of the University by the removal of its medical department, do not ask for a monopoly; they only ask that it may be allowed to carry on its work of "thorough elementary teaching" as long as its merits can secure for it a reasonable share of public patronage. If Richmond can do better, let her show it, but meanwhile let the University alone. It cannot be alleged that the University attracts, by the magic of her name, so many of the Virginia students as to leave no chance for fair competition; for out of the three or four hundred young Virginians who annually attend medical lectures, only *seventy* attended the University at its last session, when the medical class was unusually large, all the other members having come from other States. Now, here are students enough for both schools. Adopt, if you please, all or any of the peculiar features of the Medical Department of the University, and combine its system of thorough elementary teaching with the practical advantages of the metropolis, and I can assure you that no friend of the University will attempt to throw obstacles in the way of your experiment. In the meanwhile, however, let the medical school at the University pursue the even tenor of its unobtrusive, but, as you admit, still useful career. For if, preadventure, your experiment should fail, Virginia might still boast of "the best preparatory medical school in America;" and if it should succeed, it would then be time enough to inquire whether the interests of sound medical education would be best subserved by having the two schools, or only one.—C.

(*Virginia Medical Journal.*)

REPRODUCTION OF BONES AND JOINTS, AFTER THEIR  
REMOVAL IN CASES OF WHITLOW.

BY H. H. TOLAND, M. D., OF SAN FRANCISCO, CALIFORNIA.

PARONYCHIA OR WHITLOW: ITS CONSEQUENCES AND TREATMENT.—Although this is an exceedingly painful disease, and frequently destroys the parts affected, it has received but little attention from the profession, because it rarely endangers life. There are four varieties of Whitlow:

- 1st. That seated between the epidermis and cutis vera.
- 2d. That situated in the sub-cutaneous cellular tissue.
- 3d. That occupying the sheaths of the tendons.
- 4th. That seated between the periosteum and bone.

Every phlegmonous inflammation of the fingers and toes belongs to one of the forms of paronychia above specified. Every variety of this disease is excessively painful. The first three are speedily removed by a free incision; but the fourth is a much more serious affection. Even when treated early and properly, it frequently causes a destruction of the bone, in consequence of a separation of its periosteum; pus forms between that membrane and the bone; the former is detached, and the latter loses its vitality, and if not removed will be destroyed.

As the bone is formed by the periosteum, if the latter be not removed, and the soft parts are kept extended, the bones as well as the joints are reproduced, and the part restored to its former usefulness. It has long been known that bone will be reproduced, provided the periosteum remains, and we only claim to have made the discovery that the joints are also, by proper management, restored, even under the most unfavorable circumstances. Whether they are as perfect as the original, possessing cartilages, ligaments, and synovial fluid, we are unable to say; but we know that they possess motion, and sufficient strength to perform the function of the most perfect joints.

James Clarke, a porter, now of Columbia, Tuolumne county, consulted us respecting the propriety of having the middle finger of the right hand amputated. He had been treated by a good surgeon, who thought its removal necessary.

As only the third, and a half of the second phalanx were diseased, and believing they would be reproduced, we advised their removal, so that even if there was no motion in the first joint, the finger would still be useful. An incision was made from the first joint, extending laterally, under the nail, to the same point on the opposite side. The soft parts were detached from the denuded bone, and the second phalanx divided with bone forceps about a quarter of an inch from the second joint. The wound was closed by the interrupted suture, and the soft parts retained in a proper position, by the application of splints and a bandage.

In four weeks, to my astonishment, *the bones were not only restored, but also, a perfect joint was formed.* The finger is now as strong,



and the motion of the newly formed joint as perfect as the original. Being a porter, he injudiciously used the finger before the bones were perfectly solidified, and a slight lateral curvature was produced; but in every other respect the finger is as perfect and useful as before the occurrence of the accident.

McGowen, now employed at Newland's stables, on Kearny street, was advised, in January, 1857, by his physician, to have the forefinger of the right hand amputated at the second joint, and he came to our office for the purpose of complying with his instructions. Instead of amputating the finger, the phalanges were removed, and the wound dressed as in the former case. In a few days, although requested to visit the office until cured, he renewed his occupation, and we lost sight of him entirely. On the 10th of June his finger was examined, and we found the second joint perfect, and the entire phalanx restored. The last phalanx, in consequence of the soft parts being allowed to contract, is short, although a joint exists, and the finger is as strong and useful as before the operation.

Shannon, a cooper, living at No. 6 Jackson street, had a whitlow of the first forefinger, involving only the last phalanx, which was removed at the joint by a lateral incision. He resumed his business in a few days after the operation, and the finger was not examined for several months. The newly formed bone is shorter than the original, although the motion of the joint is perfect, and the finger in every respect as serviceable as before.

Other cases might be given, if these were not considered sufficient, to establish the point in question.

Cullens, who lives on Stevenson street, between First and Second streets, had suffered for three months before he became my patient, from a whitlow, involving the whole of the right thumb. Free incisions had been made without affording relief. The thumb was enormously enlarged, the first and second phalanges were denuded, and the flexor tendon near the extremity destroyed. Notwithstanding its excessively diseased condition, we determined to remove the bones, believing they would be reproduced, although we were confident that the thumb would not be as perfect as if he had received proper attention at an earlier period.

An incision was made upon the upper side of the thumb near the location of the extensor tendon, and carried upwards under the nail, and both phalanges removed. This operation was performed about the first of April, and in six weeks the soft parts were healthy, and the bones and joints reproduced. Although he has but little control over the last phalanx, in consequence of the destruction of the tendon, the thumb is nearly as long as its fellow of the opposite hand. It presents a natural appearance, and is improving daily, both in strength and motion.

A gentleman, living near Redwood city, had suffered for several weeks from a similar disease, and was operated upon on the 15th of April, 1857. In his case a lateral incision was made, and both phalanges of the right thumb were excised. This case was progressing much more favorably than that of Cullen's, when he left the city, two

weeks after the operation. He has not been heard from since, although no doubt is entertained of the entire restoration of both the bones and articulations.

In 1853 a carpenter was admitted into the State Marine Hospital with a compound commuted fracture of the great toe. After remaining two months, and finding that union had not taken place, and that the bones were diseased, instead of amputating the toe, we removed the bones, and in a short time they were restored, although we were not aware of the reproduction of the articulations.

Blaisdell, who then lived near Oakland, had the great toe of the left foot injured by a large piece of timber. When examined, we found the second phalanx diseased, although the foot was healthy. In December, 1856, an incision was made upon the internal side, and extended from the articulation with the metatarsal bone to the extremity under the nail. Both phalanges were removed, and the wound closed by the interrupted suture. In four weeks from the time the operation was performed, the bones were reproduced, and the patient could wear a boot without inconvenience. The articulations appear to be perfect, although the last phalanx was not diseased and was removed with the periosteum. This can only be accounted for by supposing that the periosteum detached from the second phalanx produced a sufficient quantity of osseous matter for the restoration of both. Mr. Blaisdell is now employed on Bird Island, and suffers no inconvenience from the injury.

In removing diseased bones from either the fingers or toes, lateral incisions should be made to avoid the tendons; and the soft parts, until bony matter is deposited, should be supported by pasteboard splints, applied so loosely as not to produce pain. If they be found inconvenient, the other fingers or toes may serve as splints. Before the bones are fully developed, the member should be flexed occasionally, although that precaution was not taken in some of the most satisfactory cases given above. In Cullen's case, in consequence of the destruction of the tendon, an effort was made to produce ankylosis of the first joint, by the application of splints, but without success.

Many operations of a similar character have been performed in the United States Marine Hospital, but not being enabled to furnish the results, they have been omitted. Most of the cases cited can be examined by the incredulous, and the above statements verified. The result of these experiments is not only interesting but extremely useful. Useful because, by the loss of a thumb, a laboring man may be deprived of the means of pursuing the only occupation with which he is acquainted, and by which alone he can support himself and family. By the loss of the great toe, the strength of the foot is impaired, the gait is rendered unsteady, and locomotion fatiguing. Interesting, because it establishes the efficiency of the restorative powers of the human system more fully and unquestionably than anything that has heretofore been observed; and when assisted and directed by those who, from greater skill and experience, are more competent than ourselves, to act efficiently, results more brilliant than we can now imagine can be realized.—*Cal. Med. Jour. & Review.*



## EDITORIAL AND BOOK NOTICES.

*A Homœopath in, or rather out of, a Provincial Infirmary in Hull, England—Commendable course of the Clergy—Remarks on the course of the Clergy towards the Medical Profession.*

In confirmation of the intelligence which we have spread before our readers respecting the manner in which homœopathy is regarded and treated when appearing in the public institutions of Europe, we notice in the *London Medical Times & Gazette* for June 13th, 1857, that a Dr. Harner, who held a position as physician to an Infirmary in Hull, England, professed to have become a convert to homœopathy, and asked to have separate wards given him for the purpose of practicing the "system" on some of the patients of the institution. This led to a request from the Weekly Board, that Dr. H. would resign. On his refusing to do so, a special meeting of the General Board was called to decide upon his position in the hospital. After a "long discussion, in which the clergy took an active part on the side of the legitimate medicine," Dr. H. concluded to tender his resignation, which, of course, was readily accepted. The *Times & Gazette* "congratulates the other medical officers on their success in clearing the Hull Infirmary from the stain of the homœopathic absurdity."

We would commend this case to the Board of Directors of the Chicago Hospital, which seems still to be in a state of suspended animation, if they are not too wise to need precedent for their guide.

In reading this account we were, of course, pleased with the position taken by the Clergy who were members of this Infirmary Board, and with such a text before us, cannot refrain from a few remarks respecting the course of clergymen among us, in relation to our profession.

Though many of the clergy are inclined to favor new medical theories and pretended panaceas, and even give their open endorsement to doctrines and practices, of which they are profoundly ignorant—of which they cannot have an appreciative understanding, and which have so often proved to be absurdities and deceptions; yet this is by no means true of all, nor, according to our observation, of as large a proportion of them as many of our medical brethren seem to suppose; and we have noticed of late that some of the clergy who have been led astray from the path of common sense and common prudence, are seeing their error and retracing their steps, while others, who have

formed no definite opinions, and have looked upon these wild vagaries with indifference, are now seeing the dangers to which they may lead.

That spirit of reckless innovation which induces men to set aside all the authority of the past, and to embrace, without due examination, every novelty that is presented, has been telling with fearful effect upon the religious and social opinions and practices of the people, as well as upon their medical notions. This, many of the clergy most distinctly see and feel; and they further see, that the encouragement of this spirit in regard to medicine, which many of them so thoughtlessly have given, has had its effect upon subjects specially within their own province.

No observing man, (and the clergy should be observing men,) can have failed to notice the striking sympathies existing between the different shades of modern, transcendental spiritualism and its kindred system of infinitesimal homœopathy—between the delusion of Mormonism and the various modifications of Thompsonianism, or Botanic Electicism—indeed between every religious delusion and every medical humbug.

The clergy must have also frequently noticed how often the same persons reject simultaneously faith in all religion and confidence in all medical treatment. In short, they must have seen that heterodoxy and infidelity have ever been, to a large extent, associated with the rejection of legitimate medicine.

It is no wonder then, that as they discover the affinities of all error relating to whatever subject, and the affinities and harmonies of all truth, whether relating to spiritual or material things, their eyes are beginning to be opened, and they are turning their faces against the wild speculations of a German dreamer in medicine as leading to similar wild dreams in theology and morals.

In this view of the subject, we can well understand how the clergy, in the case of the Hull Infirmary, in addition to the benevolent impulse of having the sick poor treated in the best and most scientific manner, should find an additional motive for taking an active part on the side of legitimate medicine. May we not hope to see this influential body of men generally following their example?

Week after week and year after year, most medical men attend upon the ministrations of the clergy, and listen, not without profit, it is to be hoped, while they dispense from their stand point lessons of reproof, of warning and of advice: and we hope they will not take it amiss if from the stand point of our profession we presume to say that, in our opinion, many of them have done wrong—have, by the



encouragement of quackery, done harm to the cause of truth, moral and spiritual as well as material—that they have done injury to both of those mutual handmaids, Science and Religion, by discouraging the former—giving the hand of fellowship to its foes. They certainly cannot blame us for advising them to look well to this subject—to have their opinions rationally and firmly fixed,—their consciences well settled before they give the weight of their influence to novelties which may not only lead to the sacrifice of human life, but to the undermining of those conservative principles upon which rests the whole fabric of moral and religious truth. They will certainly agree with us, that if they do err upon a subject which it is not possible for them fully to examine, it is safer to err upon the side with which rests the authority of our fathers and the great mass of enlightened modern opinion, rather than upon the opposite side, resting, as it does, upon the dogmas of dreamers, and sustained only by a motley and feeble minority, rejected by common consent from all established bodies of scientific men, whose professional education and pursuits entitle them to the privilege of passing judgment in the case.

• Since homœopathy has challenged the attention of the world, more than half a century has elapsed, and an entire new generation of medical men have come upon the stage. Within that time various minor opinions have been overturned in the progress of scientific investigation, and it is not regarded as discreditable for any man to change his opinion with the advancement of truth. Especially could no pride of opinion operate upon the young men who are constantly coming forth; and yet among educated medical men, the world over, notwithstanding all the inducements of interest, not one in an hundred have embraced the system. Certainly to decide with the one, and against the authority of the ninety and nine, should require the clearest evidence—such evidence as no clergyman, devoted to his profession, can be presumed to possess. We do not say that no clergyman can have evidence, on a subject of this kind, satisfactory to his own mind. Of this we shall not attempt to judge. But we do say that the subject is so intricate in its nature, so extended in its relations, and the sources of fallacy are so numerous and subtle, that no man, devoted to another profession, can obtain such a knowledge and take such a view of the subject as to entitle him to the expression of an opinion contrary to the weight of authority, or the pursuing of a course, which appears to be so opposed to common sense, and which shall influence the conduct of others. But our homily is becoming lengthy, and we will close by repeating the suggestion, that those

clergymen who are advocates of irregular systems of medical practice would do well to consider their course carefully, lest they be found assuming responsibilities which they may not wish fully to meet.

A. B. P.

CLINICAL INSTRUCTION IN GREAT BRITAIN.—From the *Edinburgh Medical Journal* for October 1857, we condense the requirements in regard to clinical instruction, of the various licencing boards of the United Kingdom of Great Britain, which are authorized to confer the privilege of practicing medicine and surgery in that realm. This instruction is attended during the last two years of the student's pupilage. Usually a clinical lecture on medicine, and one on surgery are delivered each week, and an hour each day is spent in the medical and another in the surgical wards of a hospital during the course.

The Edinburgh University, for the degree of M. D. requires *three months* attendance upon lectures on clinical surgery, *six months* upon lectures on clinical medicine, and *twelve months* attendance in the wards of the Medical Hospital.

The University of Glasgow, for the same degree, requires *twenty-four months* attendance upon a medical hospital, *twenty-four months* upon lectures on clinical medicine, and the same amount of time devoted to attendance upon a surgical hospital, and upon lectures on clinical surgery.

The University of Aberdeen requires *six months* attendance on lectures on clinical medicine, *three months* clinical surgery, *twenty-four months* in a medical hospital, and the same time in a surgical hospital.

The University of St. Andrews requires *six months* attendance of lectures on clinical medicine, and the same on clinical surgery, and *twenty-four months* attendance in a medical and the same in a surgical hospital.

The London University requires for its full medical degree, that the candidate should have attended *twelve months* on each of the four courses of clinical instruction, viz: clinical medicine, clinical surgery, medical hospital, and surgical hospital.

The Dublin University requires, for the lowest degree of M. B., nine months attendance upon clinical medicine; and for the surgical diploma *twenty-seven months* upon each of the courses, medical hospital, clinical medicine, surgical hospital, and clinical surgery.

The Queen's University, of Ireland, requires for the first degree, *six months* attendance on each of the above courses; and for the



second degree *eighteen months* in each of the two hospitals, and the same length of time on clinical surgery.

The Royal College of Physicians, London, requires *thirty-six months* attendance upon lectures in clinical medicine, and the same length of time in a medical hospital.

The King & Queen's College of Physicians, Ireland, requires attendance upon clinical medicine and a medical hospital, each *six months*, and upon clinical surgery and a surgical hospital each *twenty-four months*.

The Royal College of Surgeons, Edinburgh, requires attendance upon clinical medicine and clinical surgery each *six months*, and the two hospitals each *twenty-one months*.

The Faculty of Physicians and Surgeons, of Glasgow, requires the same.

The Royal College of Surgeons, London, requires *nine months* in clinical medicine, *twenty-seven* in clinical surgery, attendance of *one winter* and *one summer* in a medical hospital, and *three winters* and *two summers* in a surgical hospital.

The Royal College of Surgeons, Dublin, requires attendance on each of the four courses of clinical instruction before named, *twenty-seven months*.

The Apothecaries' Hall, England, requires *nine months* of clinical medicine, and *eighteen months* in a medical Hospital.

The Apothecaries' Hall, Ireland, requires *eighteen months* attendance on each of the four courses.

The Army Medical Board requires, of clinical medicine and clinical surgery, each *eight months*, and attendance upon each of the hospitals *eighteen months*.

The Navy Medical Board requires the same attendance of *eighteen months* in each of the hospitals, and *six months* attendance upon each of the courses of clinical lectures.

The East India Company Medical Service requires *six months* attendance upon lectures in clinical medicine.

By this statement it will be seen that clinical instruction is regarded so essential in Great Britain, that not a single institution grants a diploma to a candidate who has not availed himself of such advantages. The American Medical Association, which may be regarded as the authorized exponent of the professional sentiment of this country, has repeatedly urged the importance of making such instruction necessary to graduation among us, but as yet with very partial success. But everything must have a beginning, and valuable

things have a growth—often a slow one. By keeping the subject before the profession, a practical recognition of its importance will at length become general. In Europe, clinical and hospital instructions are not conducted simultaneously with all the other branches of medical science—that is, students do not attend all the other branches of study while attending clinical instruction; some degree of order and succession is observed. We are making a beginning, we think, in the right way—and it is not a little to make a beginning in a great and good cause.

In looking over, in the same Journal, an account of the courses of instruction of the Medical School of Scotland, we find they have a winter and a summer session, and that these differ decidedly in their programmes. During the winter session the course of study is Anatomy, Systematic and Practical, with demonstrations; Physiology, Chemistry, Systematic and Practical; Materia Medica and Therapeutics; Systematic Practice of Physic; Systematic Surgery; Midwifery, Natural Philosophy, Natural History, General Pathology, Clinical Medicine and Clinical Surgery. In the summer session the course is, Practical Anatomy and demonstrations, Comparative Anatomy, Histology, Practical Chemistry, Botany, Medical Jurisprudence, Natural History, Clinical Medicine and Clinical Surgery.

In the University of Edinburgh, Dr. Bennett, who does not teach the Systematic Practice of Physic, is associated with Dr. Laycock, Professor of Practice, as Professor of Clinical Medicine; and Mr. Syme has the exclusive charge of the Department of Clinical Surgery, while Professor Miller has the Chair of Systematic Surgery. In the Systematic Course, Dr. Bennett teaches Physiology and Histology. Similar arrangements as to the distribution of labor occur in the other schools.

---

*Proposed Removal of the Medical Department of the University from Ann Arbor to Detroit.*

We have refrained from an active participation in the discussion, having for its object a separation of the Medical Department of the University from the Department of Arts, and a transfer of it to this city, for the sake of securing to the members of the Medical Class certain advantages for clinical instruction which are not to be obtained in the comparatively rural district in which the University is situated. This self-imposed reserve is not owing to the want of definite opinions on the subject or to indifference on our part, as to the future success of the University as a unit, or the prosperity of the




Medical Department in particular. On the contrary, we have been governed by a sense of respect for the Board of Regents, whose powers to do such an act we suppose to be restricted by the State constitution, and whose wisdom we believe would restrain them from the performance of it, if it were not illegal, in preserving comparative silence on the subject.


Quite recently an effort has been renewed, which once proved abortive, to remove the Medical Department of the University of Virginia, which is situated at Charlottesville, to the city of Richmond, for the reasons given by those in this State who wish to disturb the status of our own University, the parties to which, however, not being liable to the same presumption of pecuniary attain. This proposition is opposed by the Medical Faculty of the University, the reasons for which are ably set forth in an article which we have copied from the *Virginia Medical and Surgical Journal*, to which we particularly direct the attention of such of our readers, as wish to form opinions unbiassed by selfish considerations on the subject.

From the initials, as well as from the manly tone of the article itself, we are induced to ascribe it to the pen of Professor Cabell of the University, who has had occasion to study the whole subject of medical education, as will be apparent to any one who will turn to his report on that subject, made to the American Medical Association in 1854. The writer expresses, so beautifully, opinions we have long entertained on the subject of country medical schools, and of the place they should occupy in a general system, that we gladly avail ourselves of this occasion and this mode to repeat them. Of the pecuniary considerations which enter into the projected change, we intend to say nothing at this time.

We propose on some immediately future occasion to show some of the evils which are inherent to the custom of turning "first course" students into the wards of an hospital, as well as the fact that the whole business of clinical instruction in the United States is placed upon a false basis, that adopted by the University of Michigan excepted, amounting, in cases that might be specified, to an unmitigated "sham," as asserted by another writer in the Old Dominion.

---

 We would refer our readers to the advertisement of "A new and valuable work for physicians," viz: *The Physician's Hand Book of Practice and Memoranda for 1858*. By WM. ELMER, M. D., and LEVI REUBEN, M. D. Stringer & Townsend, 222 Broadway, New York. Richmonds & Backus, Detroit.

 We would respectfully call the attention of our readers to the fact that the next meeting of the Michigan State Medical Society will be held in this city, on the 20th day of this month. We hope to see a full attendance of the members, and also a large delegation ready and willing to become so. Matters of professional interest must necessarily come before the meeting, in which all who desire the advancement of medical science, should take a part in the exercises. (See call of the Secretary on the last page of this number.)

---

HAPPY NEW YEAR.—To all our readers we wish a happy new year. To those of our subscribers *who have paid up*, we return our sincere thanks. To those who are yet in arrears, we would again respectfully ask them *to pay up*. The printers must be paid, the physician should be paid, everybody should be paid, and then everybody *can pay*. Those, however, who can pay and wont pay, ought to be made to pay. The only question is, *how* they can be made to pay?

---

CONTRIBUTIONS TO THE AMERICAN MEDICAL ASSOCIATION.—*Essays on the Secretary and the Excito-Secretory System of Nerves in their relations to Physiology and Pathology*, comprising: 1st. A new classification of Febrile Diseases; 2d. An exposition of the "Ganglionic Pathology" of all continued fevers, as illustrated in Typhus and Typhoid Fever; 3d. The Prize Essay on the Excito-Secretory System of Nerves in its relation to Pathology and Physiology; 4th. A letter to Dr. Marshall Hall, of London, claiming priority in the discovery and naming of the Excito-Secretory System of Nerves. By HENRY FRASER CAMPBELL, A. M., M. D., one of the Vice-Presidents of the American Medical Association, and Prof. of Special and Comparative Anatomy in the Medical College of Georgia (Augusta). With illustrations. Philadelphia: J. B. LIPPINCOTT & Co., 1857. 136 pages. From the publishers.

Many of our readers doubtless are familiar with the above writings of Dr. Campbell by reading the same in the proceedings of the Am. Medical Association from time to time; but as a larger portion may not have done so, we would recommend it to their consideration, as the topic is one that has created some discussion relative to the authorship of the discovery of the excito-secretory system. In the December number of the Journal our readers will have read the article by Dr. Christian, and also an editorial by Dr. Palmer, in which they have our views on the subject.



**MEDICAL LEXICON**—A DICTIONARY OF MEDICAL SCIENCE, *containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, Dentistry, &c.; Notices of Climates and of Mineral Waters; Formulæ for Officinal, Empirical and Dietetic Preparations, &c., with French and other Synonymes.* By ROBLEY DUNGLISON, M. D., L. L. D., Professor of the Institutes of Medicines, &c., in the Jefferson Medical College of Philadelphia. Revised and very greatly enlarged. Philadelphia: BLANCHARD & LEA, 1857.

Dunglison's Medical Dictionary has now reached its *fifteenth edition*. To comment upon its popularity would be utterly futile. We have ever considered it the best authority published, and the present edition, we may safely say, has no equal in this world. A first class lexicon is indispensable to the student, it matters not what his studies may be—theology, law or medicine. How essential it is then to the student of medicine, that he should have the best authority at hand in the prosecution of his studies. To the student in particular we would therefore recommend it, as we verily believe there is not a single medical term or phrase, but that may be found in Dunglison's Dictionary.

For sale by Raymond & Selleck, Detroit.

---

TO PUBLISHERS.—We are distinctly aware of the fact, that the distribution of newly published works or new editions of old ones, in the course of a year, amounts to quite a sum of money; at the same time we believe it to be money well invested. As publishers of a medical journal, we are often written to by our subscribers and other medical men, relative to the merits of different works, and are as often obliged to answer them from what we have learned of the notices in our more favored Eastern journals, or else that we know nothing about the matter of inquiry. We would therefore suggest to our Eastern publishers that it would be for their interest to furnish the Western medical press as freely and as early as our more favored Eastern brethren. We could specify numerous new works and new editions of older ones, which have not been received by us, and respecting which we have been especially interrogated by our readers.

EDS. PEN. JOUR.

## PAMPHLETS.

ON THE INTRODUCTION OF THE SPONGE-ARMED PROBANG INTO THE LARYNX AND TRACHEA. By Dr. HORACE GREEN.

LESIONS OF THE EPIGLOTIC CARTILAGE. By the same. From the author.

EXSECTION OF THE ENTIRE OS CALCIS. By J. M. CARNOCHAN, M. D. From the author.

INTRODUCTORY LECTURE, delivered by D. WARREN BRICKNELL, M. D., Professor of Obstetrics at the N. O. School of Medicine, Nov. 8, 1857. Published by request of the class. From the author.

A PUBLIC LECTURE ON MEDICAL ETHICS AND THE MUTUAL RELATION OF PATIENT AND PHYSICIAN. Delivered by appointment of the Memphis Medical Society, and published by order of the society. By A. P. MERRILL, M. D. From the author.

L'ART DENTAIRE—*Revue Mensuelle de la Chirurgie et de la Prothese Dentaires*. Par MM. FOWLER & PRETERRE, Dentistes Americains a Paris. Vol. I., No. 1 to 10 inclusive. In exchange.

REPORT ON INFANT MORTALITY IN LARGE CITIES—the Sources of its Increase and Means for its Diminution. By D. MEREDITH REESE, M. D., L. L. D., &c. Read before the American Medical Association in Nashville, May 1857. From the author.

REPORT ON THE MEDICO-LEGAL DUTIES OF CORONERS. By ALEX. J. SEMMES, A. M., M. D., one of the Secretaries of the American Medical Association. Extracted from the Transactions of the American Medical Association. From the author.

REPORT OF AN OPERATION FOR REMOVING A FOREIGN BODY FROM BENEATH THE HEART. By E. S. COOPER, A. M., M. D., San Francisco, Cal. From the author.

REPORT OF THE COMMITTEE ON SURGERY. Read before the N. H. State Medical Society, 1857, by GEO. H. HUBBARD, M. D. With the respects of the reporter.

RESEARCHES ON EPILEPSY. The first part of a new series of Experimental and Clinical Researches applied Physiology and Pathology. By E. BROWN-SEQUARD, M. D. From the author.

DELIRIUM TREMENS; ITS NATURE AND TREATMENT. By CHAS. S. TRIPLER, M. D., Surgeon U. S. Army. From the author.



## MISCELLANEOUS.

TREATMENT OF CHOREA.—Dr. Barlow still continues the employment of the iodine of zinc in the treatment of chorea, when complicated with struma—a remedy which he introduced into use, and to which we then adverted about two years ago. In cases in which there is no peculiarity of diathesis, he employs the sulphate; but in those in which any indications of struma exist, he prefers the iodide. Besides its influence over the scrofulous cachexia, it is quite possible that the iodic element may be useful against the rheumatic diathesis to which the choreic is so close a congener. Good authorities are not wanting who would account for the frequency of heart complications with chorea, by supposing that the latter is a condition very closely connected with rheumatism, depending upon similar causes, and occurring more frequently in those liable to it than others. A little girl was discharged the other day from under Dr. Barlow's care in Guy's, in whom, under a course of the iodide of zinc in chorea, a loud cardiac bruit had very much diminished in intensity.—*N. O. Med. News and Hospital Gazette.*

INFLAMMATION AND ULCERATION OF THE SOUND SKIN, PRODUCED BY THE APPLICATION OF A STRONG ARSENICAL SOLUTION.—Dr. W. N. Brown, of Melrose, has recorded the case of a farm servant who was affected with inflammation of the skin of the lower part of the abdomen, the penis, scrotum and upper part of the thighs, running on in some places to ulceration, consequent on exposure for two hours to the action of a solution of white arsenic. He had been engaged in washing sheep in a bath composed of white arsenic dissolved in boiling water, and his trousers had become saturated with the drippings from the sheep. The skin was nowhere broken. He was engaged in the work for nearly two hours, and on going home, had immediately changed his clothes. In the evening he complained of pain and smarting, and the following morning the skin was red and inflamed. He had severe burning pain and considerable constitutional derangement. It was a fortnight before he could return to work. The solution consisted of two pounds of arsenic and a considerable quantity of soft soap to about fifty gallons of boiling water.—*Edinburgh Med. Jour.*

GEORGE R. GLIDDON, Esq., formerly United States Consul at Cairo, in Egypt, and distinguished for his contributions to antiquarian science, died at Panama on the 16th November. Mr. Gliddon had been on a visit to Honduras, as agent of the Honduras Interoceanic Railway Company, and was on his way to the United States, when overtaken by death. Mr. Gliddon was the principal contributor to "Types of Mankind" and "Indigenous Races of Men," and a prominent advocate of the views of the new school of ethnology.

THE SIMPLEST OPERATION FOR PHIMOSIS.—Mr. Walter, an American surgeon, has described a new operation for phimosis, in the journal for June 6th, which is based upon a principle analogous to the one which led me to communicate a paper with the above title to the *Medical Times and Gazette*, Feb. 2d, 1856. As I cannot but deem that operation (which requires only a pair of probe-pointed scissors and no assistant) superior, in all respects, to the one advocated by Mr. Walter, I shall, with your permission, take the present opportunity of describing it with the greatest possible brevity.

Local anæsthesia having been first induced (if deemed advisable) by the application of pounded ice for a minute or two, I introduce one blade of a pair of scissors (blunt-pointed, yet cutting to the end) between the glands and prepuce on one side of the penis, at a point midway between the mesial line anteriorly and the frænum posteriorly. Both layers of the prepuce being divided to the extent of a quarter of an inch, a similar division is made at a similar point on the other side. The prepuce is now retraced to the extent allowed by the incisions. This retraction brings into view another layer of mucous lining, which is divided on both sides to the extent permitted by the lips of the first wounds. The entire prepuce may now be retracted, (and kept so,) a piece of wet lint wrapped around the penis, and the whole supported by a suspensory bandage. In a few days the wounds heal in a transverse linear cicatrix—*no sutures having been used*—leaving no trace of deformity and a completely efficient prepuce.—*British Medical Journal*.

---

COLLODION MATERIAL FOR ARTIFICIAL TYMPANUM.—Mr. Henry Bridgeman reports to the *American Medical Gazette*, a plan for preparing a new material for artificial tympanum. He says:—"Upon a well polished plate of steel or glass, apply successively several coats of *Collodion*, let it well dry for a few minutes, and, polish it a little, so as to make the surface smooth; then remove the coat carefully from the plate, and a thin, transparent material will be the result, which will be found to possess all the qualities required for the above purpose."

Material prepared from rubber, has been heretofore used, but is liable to various objection, which appear to be obviated in this new suggestion, which Mr. Bridgman states was used by a friend with complete success.—*Cin. Med. Observer*.

---

DURATION OF CANCER.—A case of some interest presented itself at the Cancer Hospital, on the 25th of August, in the person of a female, aged seventy-four years, the subject of cancer of the left breast for twelve years. She had been a patient at this hospital since its foundation, with this exception of the last three years, during which time she had been in good health. She came to show an ulcerated tuberculous mass in the same breast, the size of a small pear, otherwise the disease had dried up and disappeared. She still looked a hale and hearty old woman.—*London Lancet*.



**METHOD OF PROMPTLY RELIEVING FACIAL AND DENTAL NEURALGIAS.**—This method consists in turning into the meatus auditorius from four to ten drops (according to the age and sensibility of the patient) of the following fluid; then to close the opening of the ear by means of a little cotton, and to cause the patient to hold the head inclined for some minutes to the side opposite to the seat of the pain, so that the liquid may remain in the bottom of the ear. This preparation is thus made:

R. Ext. Opii.  
Ext. Belladonnæ.  
Ext. Stramonii, aa partem j.  
Aq. Pruni Virg. partes xij.  
Solve et cola.

Although this preparation may be only extemporaneous, it may nevertheless be preserved if care is taken to keep it cool, and pour on its surface from two to four drops of sweet almond oil.

It is very rare that with the use of this liquid, relief is not obtained in a few minutes; indeed, the patient is almost always asleep in half an hour, whatever may have been the severity of the pains, and that without having been in the least danger.

Absorption takes place almost as rapidly as from a denuded surface, and it is therefore unnecessary to blister the patient when we wish to use narcotics, since they act almost as rapidly by the auditory passage.

If it should happen that, at the end of eight or ten minutes, the pain does not yield to the remedy, (which sometimes happens when the quantity used has been too small, or when we have to treat a neuralgia which has already required the use of narcotics in any way,) it is necessary then to use a second dose, at least equal to the first, but in the opposite ear, in order to obtain promptly that relief which is only too frequently momentary in facial neuralgias of long standing.

The preference which I give to this aqueous solution over those which contain alcohol, such as laudanum and other narcotic tinctures, arises from having used both upon myself for several years for a facial neuralgia, and observing that the latter produce a sensation of quite acute pain at the moment of their use, and not being always as successful as the former, which causes neither heat nor smarting, and is more certain in its effects.—*American Medical Monthly.*


---

**AMPUTATION OF A LEG BY LINEAR ÉCRASEMENT.**—On the morning of the 4th ult. M. Maisonneuve removed a leg, just above the ankle, "par écrasement." He first broke the bones by means of an instrument expressly made for that purpose; he then completed the operation by means of an écraseur of unusual dimensions, turning the foot completely round and round, so as to separate the bone from its attachments, and withdraw it. No vessels were tied, and no hæmorrhage occurred subsequently. This may appear to some the triumph of the system of linear écrasement. To us it seems only a needless barbarity, and a symptom of retrogression rather than of progress in the art of surgery.—*London Lancet.*

INDIAN HEMP IN FEVER.—Dr. Richard S. Cauthorn, in the Virginia Medical Journal for last month says, that six grain doses of Indian Hemp are as efficacious as an equal amount of quinine. As it is so important to get a substitute for quinine, we hope some of our readers will try the hemp.

Indian corn-meal was some years ago proposed among other substitutes, by Dr. Ramsay, of Georgia, in this Journal, and Dr. D. B. Phelps, in the last number of the American Journal of the Medical Sciences, gives a case of intermittent, in which he gave the patient "one tablespoonful of uncooked and unsifted corn-meal in a tumbler of water every two hours." This was repeated the next two days, and the patient was cured. The patient remarked that the meal relieved his thirst in a remarkable manner. This is not strange when we remember the quantity of *water* he swallowed with his meal.—*Nashville Jour. of Med. and Surg.*

---

 Dr. D. W. Yandell contemplates the founding of a new Journal of Medicine at Louisville, Ky. No one of his age possesses higher qualifications for the discharge of the duties of Journalism. We have always regretted the suspension of the Journal so long and so ably edited by Professor L. P. Yandell.

We have known Dr. D. W. Yandell, long and intimately, and believe few minds of his country to be more highly endowed, and very few have enjoyed equal opportunities for culture in the higher aims and objects of a thorough medical education. Medical politics have been familiar to him from infancy. The tone of his medical feelings is tense and ringing, and we predict for him a bright career in Journalism.—*Ibid.*

---

CANCER CURES.—Not being disposed to keep the records of quackery, we have not hitherto said anything about Dr. Fell, the New York cancer doctor, and his doings in England. As he has published his recipes now, we may as well say that the active agent is chloride of zinc. So, also, of Dr. Landolfi, another author of secret cures for cancer in France. The publication of these cures seems to have been the occasion of much discussion as to the use of chloride of zinc as an escharotic in such cases. Dr. Fell introduces it, on strips of cloth, into incisions made in the tumor. Its action appears to be protracted and attended with intense pain. Mr. Syme has proposed the introduction of a few drops chl. zinc, or kreosote, into the center of the tumor by means of an exploring needle. Another English surgeon uses very dilute solutions for a long time, with but little pain. None of these methods seem to have been tested long enough to ascertain the probability of the recurrence of the tumor. Our own impression is that where cancer has become constitutional, no method of removal is available, where not, that a few strokes of the scalpel, under the influence of chloroform, is both more humane, and fully as efficient as any method of enucleation by escharotics.—*Memphis Med. Rec.*



MEETING OF THE MEDICAL SOCIETY OF SOUTH-WESTERN NEW YORK.—One of the occasions which makes one oblivious to the ills of one's self and the rest of mankind, and which is particularly refreshing at the present time, occurred at Fredonia in the shape of the medical dinner of the Medical Society of South-Western New York; the report comes to us in the Fredonia Censor. The president, Dr. G. W. Hazeltine, welcomed the members and their guests in an appropriate speech, which he concluded with the sentiment, *The Medical Society of South-Western New York, may it long continue to be what it now is, the pride of those who are worthy to be its members.* This was responded to, in an appropriate manner, by Dr. T. D. Strong, of Westfield. Many other sentiments were proposed, which were well responded to, and among them "The Physician a Hero." We should like to make the acquaintance of Dr. H. M. T. Smith, of Dunkirk, who responded to this toast, for there must be some left of the genial humor which effervesces in the first part of the Dr.'s speech. He establishes conclusively the connection between real heroism and a hearty dinner, (may he never want one) and brought forward the apt example of "the war between the beef eaters and the rice eaters." "John Bull," he says, "glories in good, sound, hearty roast beef. On a full stomach of his favorite diet, he will put to flight thousands of your poor, hatchet-faced, white-livered barbarians. Gentlemen, I predict that beef will win." The doctors had a good time, and left in good time, banishing, undoubtedly, all visions of troublesome patients and no pay, long midnight rides, etc., etc.—*Buff. Med. Jour. and Monthly Review.*

---


GLYCERINE IN CORNS.—These troublesome things Mr. Wakley is in the habit of treating, at the Royal Free Hospital, by the application of glycerine, which has the effect of softening them, when they are easily scooped out. We saw as many as seventeen corns entirely removed in twelve days in this manner.—*London Lancet.*

---

FOUL ULCERS OF THE LEGS.—A woman, at St. Mary's Hospital, whose entire left leg had been in a state of ulceration for years, with islands of skin here and there, has had it effectually healed up, by Mr. Coulson, by wrapping a piece of linen around it wet with a lotion of the sulphite of soda, and a bandage over all. Mr. Coulson thinks the bandaging and rest have proved as serviceable as anything else used.—*Ibid.*

---

SCIRRHOUS ULCERATION OF THE WOMB.—Mr. Moullin has found the following plan of treatment for cancers of the womb very effectual amongst the patients of the Westbourne Dispensary, Paddington—namely, an ointment made of equal parts of powdered sulphate of zinc and yellow basilicon, spread on lint and applied directly to the affected part; and the use of a lotion of half an ounce of Burnett's disinfecting fluid to a pint of water.—*Ibid.*

 The Cholera is again wending its way westward through the Continent of Europe. It has appeared in Sweden, and many of the Germanic States. The English Boards of Health are busy in preparing for the coming of the epidemic.

We have seen it stated in one of the papers, that three vessels had arrived at New York, from Bremen, and on account of the outbreak of the cholera on the passage, had gone into quarantine near that city. One vessel lost over sixty passengers. Not a case manifested itself till several days out from Bremen.

At this rate we may safely calculate that the scourge will be upon us during 1858. Look well to it, all ye who have charge of the condition of cities and towns. We would speak one word of warning to the citizens of Nashville. The epidemic always spends itself with fury upon your devoted heads. The condition of your city never was worse than at present, and do not be lulled into a false security that it will not strike till summer rolls round. The months of January, of February, and of March, have numbered its victims in former epidemics, as well as April, May and June. Our city of Knoxville is provided with a regularly constituted Board of Health, composed of physicians exclusively, with a health officer to execute their commands. And though we occupy an elevated and healthy location, yet, as in 1854, there may be elements at work to render us again liable to the disease.

Then we had such a season of dry warm weather as we had never before experienced, and the works of internal improvement going on rendered those engaged in them susceptible, first of all, to the disease. We have now a direct line of travel from the gulf to the sea-board, and as this epidemic travels along the great thoroughfares of man, may we not have made an electric chain through these mountain fastnesses for the transmission of these dire diseases to our midst. Are we not therefore called upon to be doubly diligent in attending to the sanitary condition of the place. But we should not address ourselves solely to this city. Circulating through the South and West—everywhere let the winter be improved by thoroughly draining and filling up all low marshy places in vicinity of residences, or near towns and cities—for such work can be done more safely now than if deferred till the spring.—*Southern Jour. of Med. and Phys. Science.*

---

SYDENHAM SOCIETY.—This society, after having published some forty volumes of works which were inaccessible to the English reader, it is feared is about to come to an untimely end. Its members at one time reached some sixteen hundred in number. It has at present nearly a thousand, and is not laboring under financial difficulties. A meeting was to be held on the 7th of November in London, to devise some measures to prevent the dissolution of the society; but, from the tone of some of the London journals, there seems to be but little hope of success. Mismanagement is said to be the cause of its failure. The *London Medical Times and Gazette* of Nov. 14th, states that the society is defunct.—*Western Lancet.*



ANECDOTE OF DR. RADCLIFFE.—Radcliffe, one of the most eccentric and witty men of his time, lived, at one time, in Bow street, Covent Garden. Between his garden and that of Sir Godfrey Kneller, the king's painter, a door had been made to allow the doctor the pleasure of visiting the rich collection of exotic plants contained in the latter's garden. Radcliffe's servants became depredators; Sir Godfrey remonstrated; and, the grievance continuing, Sir Godfrey sent his compliments to Dr. Radcliffe, accompanied by a threat to lock the door. The wit answered that Sir Godfrey might "do with the door as he pleased, *so that he did but refrain from painting it.*" "Did my good friend Dr. Radcliffe say so?" cried Sir Godfrey. "Go back, present my service, and say *that I can take any thing from him, but his physic.*" This anecdote has been immortalized in verse:

"Quoth Kneller, 'I'll certainly stop up that door,  
If ever I find it unlocked any more.'  
'Your threats,' replied Radcliffe, 'disturb not my ease,  
And so you don't *paint* it, e'en do what you please.'"


Cin. Med. Observer.

---


SYDENHAM SOCIETY.—From the report of the fifteenth annual meeting of the Sydenham Society, we regret to learn that the income of the society has been for some years barely sufficient to meet the current expenses. It is a matter of extreme regret that such a valuable series of publications, as that issued by this association, should not be continued, and we trust that the announcement that the society is in want of funds, will be sufficient to induce many to subscribe who have not hitherto done so. When one considers that for the small sum of about *five dollars* the members receive from two to four volumes, of great value and beautifully printed, it is remarkable that the list of subscribers should be so small. One of the books for the current year has just been received here. It is a translation of Kuechenmeister's "Manual on the Animal and Vegetable Parasites of the Human Body," and will be shortly followed by the second volume. It is illustrated by superb colored plates, and although a translation from the German, will supply the void which, we lately remarked, existed on this subject in English medical literature. Von Siebold's essay on "Intestinal Worms" will also be supplied to subscribers for this year. Gentlemen wishing to subscribe, can do so by applying to Dr. R. H. Salter, No. 1 Staniford Street.—*Boston Med. and Surg. Jour.*

---


JACKSONVILLE, FLA.—We notice that there has been quite a fatal epidemic prevailing at this place for some time past; some contending that it was yellow fever, but the majority that it was a *bilious congestive fever*. About seventy deaths had occurred at the last accounts, and business of every kind suspended.—*Southern Journal of the Med. and Phys. Sciences.*

 Marshall Hall, Esq., a son of the late Dr. Marshall Hall, is the editor of a work by his father and just published in London, entitled, "Prone and Postural Respiration in Drowning and other Forms of Apnoea or Suspended Respiration." The volume contains 216 pages.—*Western Lancet*.

---

 It is reported that the tomb of Hippocrates has recently been discovered near Larrissa in Thessalia. But as in Ancient Greece the name of Hippocrates was something like that of Smith at the present day, strong doubts may be entertained whether they have really found the grave of the old sage of Cos.—*Ibid*.

---

 The Messrs. Lippincott & Co., of Philadelphia, are about to publish a translation of Malgaigne's great work on Fractures and Dislocations. The translator is Dr. John H. Packard, of that city.—*Ibid*.

---

THE SPUTA IN PHTHISIS.—Dr. J. L. C. Schröder Van der Kolk, Professor in the University of Utrecht, claims to have discovered a certain sign by which the sputa of a phthisical patient may be distinguished from those of chronic catarrhal affections of the lungs. He regards the presence of *elastic pulmonary fibres* in the sputa as a certain sign of the existence of a vomica.—*Ibid*.

---

CHLOROFORM.—A writer in the *London Med. Times and Gazette*, who states that he has administered chloroform in at least one thousand cases, attributes his success to the previous administration of a glass of wine or spirits. This, he adds, does not interfere with the anæsthetic influence of the agent, while it "keeps up the action of the heart during the time the patient is under chloroform, and prevents sinking."—*Ibid*.

We have been in the habit for some time of giving our patients, about half an hour before administering the chloroform, from  $\frac{1}{8}$  to  $\frac{1}{4}$  of a grain of morphia, and experience proves that much less chloroform is needed to produce the anæsthetic state, and that the patient feels its depressing influence much less on his return to consciousness.

EDS. PEN. JOUR.

---

#### MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY.

In accordance with the resolution passed at the last meeting of the above society, the next annual meeting will be held in the city of Detroit, at the Young Men's Hall, No. 215 and 217 Jefferson Av., on the third Wednesday of January (20th inst.), at 10 A. M.

Members of Committees will please take notice and prepare themselves accordingly.

E. P. CHRISTIAN, *Secretary*.



# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

VOL. V.

FEBRUARY, 1858.

NO. VIII.

---

## ORIGINAL COMMUNICATIONS.

---

### ARTICLE I.

---

#### *On Clinical Instruction.*

[Report of Z. PITCHER, M. D., to the Regents of the University, December 30, 1857.]

---

TO THE HON. M. A. PATTERSON,

Chairman of the Committee on Clinical Instruction.

*Dear Sir:*—Having been entrusted by the Board of Regents, in March last, with authority to commence a School for Clinical Instruction in the City of Detroit, with the concurrence of the authorities by whom the hospitals are controlled, I ask leave through you, to submit to that body a report of the measures taken to acquit myself of the responsibilities imposed by the creation of this trust, and of the degree of success with which our efforts to carry into effect this act of the Board, has been crowned. I wish at the same time to make my acknowledgments to the Regents for the compliment implied by the manner in which the office of clinical instruction was created, and by the discretionary power with which the incumbent of that office was invested.

On entering upon the discharge of the duties thus devolved upon me by the Regents of the University, I found myself embarrassed by the novelty of my position and by the absolute freedom with which I was permitted to exercise the discretionary authority conferred by the act of the Board, it being expected of me in the first place, that I should excogitate a plan of instruction to be pursued in the school, and then to carry it into effect, by such instrumentalities as I chose to select.

The originality of the enterprise in the United States, the entire absence of American precedent on the subject, the non-existence of any depository of power by the sovereignty of the State, to compel the aspirants for professional rewards to produce evidences of mental culture before being permitted to claim the remuneration due to intellectual labor, together with the obstacles interposed by a domestic opposition, caused me to hesitate what I should do, and how my purposes should be accomplished when the plans should have been matured.

Knowing that the Board of Regents, whilst they had the authority to dictate the conditions on which the degree of M. D. shall be conferred, had not the power to prevent persons from engaging in the practice of medicine without such a testimonial of professional qualification, I was apprehensive, not that too high a proof of attainment would be secured, but that too rigorous an application of the authority to prescribe the terms of admission to the clinical course, might drive directly into active practice individuals who, under a more lenient exercise of it, would take advantage of the facilities to be afforded by the contemplated school for bed-side instruction.

For these reasons and in view of the novel and hitherto untried character of the undertaking, the following very general outline of a plan was drawn for the regulation of our own conduct and the government of the members of the class:

"Students to be entitled to admission to the privileges of this course of instruction, must have been matriculants of the University, with the required preparatory education, and have attended one full course of lectures in the Medical Department thereof at Ann Arbor."

"Having these evidences of preparatory discipline and of elementary acquirements, and these proofs of the possession of such general principles as will enable them to appreciate the observations of their teacher, they will be admitted to the wards of the Hospital, under the direction of the Clinical Instructor."

"They will be divided into sections, if the number in attendance should render it necessary, so as not to embarrass the sick or incommode the Hospital attendants."

"They will be required to keep a record of the cases submitted for their examination, noting every symptom and the daily changes therein, whether resulting from the treatment adopted or being incident to the progress of the disease."

"Besides attending to these exercises in the wards of the Hospital, the class will meet in the lecture room for the purpose of methodical instruction on selected subjects on Monday, Wednesday, Thursday



and Friday of each week, and for examination and review on Tuesday and Saturday of each week, at such hours as may be hereafter designated."

In the execution of the design thus shadowed forth, I associated with myself Professor A. B. Palmer of the University, on whom the labor of doctrinal instruction was devolved, and by whom the examination of cases was conducted with judgment, energy and zeal. My own attention was given daily to the duty assigned me, but without method, as I was obliged at the same time to act as physician to the establishment. Hence the desultory manner and less imposing character of the services performed by myself.

For a more definite account of the manner in which the time of the young men was occupied, of the subjects discussed in the lecture room and of the various forms of disease to which their attention was directed in the Hospital, I beg leave to refer to the report of Professor Palmer hereto annexed, and to which is appended a list of the names of those to whom certificates of attendance were issued at the close of the term. (Marked A.)

Although the number of students in attendance was small and the course of instruction a short one, the results of it afforded much gratification to the undersigned, in the evidence it furnished of the correctness of his views as to the time, in student life, when clinical instruction should commence, the manner in which it should be conducted, and of the qualifications which students should possess before being led into the practical arena, and by whom their studies should be directed whilst subjects of this particular form of tuition.

As an evidence of the manner in which our efforts were appreciated by the students, we ask leave to present a testimonial of it, voluntarily offered by themselves after the close of the course. (Marked B.)

With a view of exhibiting to the medical students of Michigan a standard worthy of their ambition to emulate, and at the same time, by a reference to the order in which its contents are arranged, of showing to the Board of Regents that the same general ideas lie at the foundation of both the Michigan and Austrian plan of medical education, though originating far apart and under widely different forms of government, I have inserted the following synopsis of the course of study pursued by the members of the medical profession in the Austrian States. It is a conspicuous fact in both that in point of time the preparatory and elementary studies are placed far in advance of the course of clinical instruction. So careful has been the Austrian government in arranging the details of its system of medical

education, in order to guard against the injurious blending of functions in their medical teachers, that even Rokitansky, their greatest pathologist, is not a practical physician. He is a teacher of pathology and as such is not supposed to know anything of therapeutics.

*Course of Medical Studies prescribed by the Authorities of the Austrian States.*

FIRST YEAR.

- 1st Semestre.—A general introductory course of medicine and surgery.  
A course of anatomy.  
A course of special natural history.
- 2d Semestre.—The courses of anatomy and natural history repeated.  
A course of botany.

SECOND YEAR.

- 1st Semestre.—Anatomy and physiology of a more advanced character.  
General chemistry.
- 2d Semestre.—Anatomy and physiology continued.  
Pharmacy and animal chemistry.

THIRD YEAR.

- 1st Semestre.—1. General pathology (etiology, semeiology and general therapeutics).  
2. Materia medica and chirurgica, dietetics and art of prescribing.  
3. Theoretical surgery (general and special pathology of surgical diseases).  
4. Midwifery.
- 2d Semestre.—Courses 1, 2 and 3 preceding continued.  
Bandages and surgical instruments, from June to the end of the medical year.

FOURTH YEAR.

- 1st Semestre.—1. Special therapeutics of internal maladies.  
2. Internal clinique.
- 2d Semestre.—1 and 2 preceding continued.  
Veterinary medicine.

FIFTH YEAR.

- 1st Semestre.—1 and 2 preceding year continued.  
Forensic medicine.
- 2d Semestre.—1 and 2 continued.  
Medical police.



I desire particularly to remark, in reference to clinical instruction both in Austria and Prussia, that students who have completed their *theoretical courses*, are divided into two classes, called practicing pupils and assistants. The former being entrusted, under the corrections of a professor, with a particular number of patients; the assistants, at the end of six months, are promoted to the rank of practicing pupils.

From the earnestness with which the subject of clinical instruction has been discussed within the past year by a journal aiming to acquire a national position, and from the ability with which its utility has been enforced, (as if there were any so stupid as to doubt it,) a reader, not already informed of the condition of medical affairs in this country, would be forced by the imperial tone of its conductors to believe that such an institution as a school for clinical instruction had already attained maturity on American soil. So far is this from being true, that we are obliged to admit that the foundation for it has nowhere been properly laid. We think we incur no risk in making this assertion of having our veracity impeached, and we intend no personal discourtesy by saying that there is no greater delusion extant, than a belief in its existence.

With all the facilities for accomplishing this purpose afforded by the endowment of hospitals, with all the talent that is concentrated in the metropolitan schools, there is no systematic appropriation of these materials and no special dedication of these great talents to the accomplishment of this desiderated end. There is, as a rule, too high a standard of personal honor, too profound a sense of professional self-respect associated with these schools, to admit of setting up the pretense that mere propinquity of relation between the schools and the hospitals can be interpreted into an equivalent, either in nature or value, to an organized system of clinical instruction, distinct from the elementary course and adapted to the capacity of young men, qualified for inchoate practitioners.

The Blockley Hospital at Philadelphia, as heretofore conducted, makes a nearer approach to our ideal of such an institution, than any other establishment of the kind with which we are acquainted, and this, though accessible to the faculties of the schools, is not under their control. It has been a custom to relieve the physicians of this house semi-annually and the surgeons every three months. A single morning in each week has been devoted to clinical medicine—a very inadequate time, even if the pupils were thoroughly prepared for this part of their duty. But when we reflect for a moment that the

students are required to bring no other qualification than a ticket of admission, that their visits are made but once a week, that their clinical teachers are only temporarily on duty, and that in the midst of college engagements and private professional appointments it becomes an obvious truth that the advantages which might be rendered available under a different order of arrangement, are not so appropriated as to advance the progress of the students, reflect honor upon the teachers, or confer through their *élèves* distinction upon the schools.

The remarks we have already made on the method of clinical teaching in the United States, leave us hardly an excuse for adding the following observation, that "clinical medicine in this country is not regarded as a distinct branch of medical instruction." Occasionally a professor may illustrate his lecture by examples of disease, found in the wards of an hospital to which he may be attached. This is not the rule, but the exception.

What has just been said of Philadelphia, I believe to be true of New York, Baltimore and Boston, except that there the public visits are more frequent; "but in neither of these cities has any physician devoted his time and his talents to the especial cultivation of clinical medicine," which is everywhere in this country looked upon as an appendage to the theory of the science.

In these statements I do not wish to be understood as pleading for those mere resemblances to true clinical surgery, called Surgical Cliniques, as conducted in the amphitheatres of large medical colleges, where great numbers are assembled to witness the displays of the surgeon, but where few or none are so situated as to derive material benefit from the view, to which *distance* more than anything useful must lead the enchantment. These performances often serve to give conspicuity to the surgeon, but confer very little benefit upon the student.

What I have said, appears to me sufficient to show that in the system of medical education hitherto pursued in this country there has existed an important hiatus, which the Regents of the University of Michigan, by the establishment of a clinical school at Detroit, supplementary to the course of preparatory theoretical training at Ann Arbor, have, so far as the influence of their action can be made to extend, determined to fill up. By this action of the Board, if their designs are faithfully carried into effect, the Medical Department of the University will be placed in advance of all its American contemporaries, in the harmonious adaptation of its parts to the execution of the functions which, as a whole, it is designed to perform.



The length of the sessions of such a school should be regulated by the extent of the field to be cultivated and the ability of the teacher to hold the attention of the class. From the experience already had, I am of the opinion that twelve weeks is as long as the full interest in such a course can be sustained, because by that time the varieties of disease ordinarily furnished by a population like ours, will all have been made the subject of review.

To secure the accomplishment of all that the Regents have a right to expect from the establishment of such an auxiliary to the Medical Department of the University, two things are necessary to be done. One is the endowment, as soon as the financial condition of the University will admit of it, of a clinical professorship, so that its incumbent may be released from all other professional responsibility, and be at liberty to devote his whole time during the sessions to the duties of his office. And the other, to make attendance upon the clinical course one of the conditions on which the conferring the degree of M. D. shall hereafter depend.

My own experience acquired in this new enterprise has convinced me, that the man whose mind is engrossed with the anxieties incident to the practice of his profession, however general his acquirements, or however acute his perceptions, if not tutored by habits of teaching, is inadequate to the discharge of the duties of such a professorship. The very rapidity with which his mind is accustomed to act in forming a judgment of cases from an inspection of merely the salient points of a disease, is the thing which disqualifies him for leading the student to practical results or conclusions; for he may safely form a judgment by a process allied to intuition, to which the student should arrive through a pains-taking and patient indagation.

The clinical professor should spend some hours in the wards each day; he should already have had experience; should be zealous; should have a familiar acquaintance with all the elementary studies that appertain in common to the several subdivisions of the profession; should possess a facility for the expression of his thoughts to others; and withal a bosom that glows in unison with the aspirations of the ambitious student, and sympathizes with the afflicted patient, who, through the pressure of affliction, whilst yet in the possession of a sensitive moral nature, may become the subject of a rude and painful manipulation.

In conclusion, I would urge upon the Board of Regents the expediency of maturing the plan of clinical instruction thus imperfectly developed, which may be done without an essential increase of expense,

By causing the Medical Department to approximate in its organization and mode of instruction the Department of Arts, thus diminishing the amount of prelection and substituting therefor a system of daily recitations.

By extending the medical term to nine months, the clinical course included, the latter to commence on the first of July, whereat the candidates for medical degrees shall spend twelve weeks, preceding the regular lecture term, to commence as now on the first of October at Ann Arbor.

Very respectfully submitted,

Z. PITCHER, *Clinical Instructor.*

---

(A.)

University of Michigan, Dec. 7th, 1857.

Z. PITCHER, M. D.

*Dear Sir:*—In compliance with your request, I hereby forward to you such information on the subject of our course of clinical instruction during the past summer in Detroit, as seems to be required, and as my relations to that enterprise enable me to furnish.

To specify all the cases which came under observation, would require an unnecessary amount of detail, and a reference to the books of the Hospital which are not now immediately accessible; but I will state to you the general course pursued, and the subjects which were particularly studied.

During the continuance of the course, full two hours each day (except Sundays) were spent by the students in examining, immediately under the direction of their instructors, the patients in the Hospital and listening to remarks upon their cases at the bed-side. During the same period, about eight hours each week were occupied in regular lectures out of the Hospital upon specific subjects taken up in order; the first half or three-quarters hour of each meeting being devoted to a review of the preceding lecture, conducted in the form of definite and searching questions addressed to each student in his turn. Besides these exercises, about three hours each week were occupied in general reviews of cases presented and subjects specially examined, conducted by questions and answers, on which occasions the students were particularly encouraged to a free expression of their views. These examinations, which at the same time tested the studiousness and progress of the students, corrected their misapprehensions, gave them more precise ideas of the subjects and a power



of expressing those ideas, were frequently attended by yourself, Drs. Stebbins, Stewart, Christian and others, and of their character you have a knowledge.

The subjects treated of in the lecture-room in a systematic manner, illustrated, as far as possible, by a reference to cases in the Hospital, embraced the general principles of clinical medicine, or the things to be observed and done, and the manner of observing and doing them in the sick-room (this occupying about a dozen lectures); diseases of the chest, preceded by a careful and practical examination of the principles of physical diagnosis (percussion and auscultation), including an extended investigation of tuberculosis in general, and of pulmonary consumption in particular, embracing its pathology or essential nature, its symptoms, its signs, its causes, its prevention and its treatment; diseases of the heart, organic and functional, their signs, &c.; diseases of the eye, particularly the different forms of ophthalmia; fevers, embracing accidental or irritative, miasmatic, typhoid and typhus; cholera, common and Asiatic; and labor, natural and some varieties of difficult. This list, you will observe, embraces a variety of the more important forms of disease likely to be met with in practice.

Of the numerous and very interesting cases which occurred in the Hospital and were studied by the students, the records of the house will give a list. Among those in the medical wards which were carefully examined and remarked upon, you will readily call to mind the numerous cases of fever of the various types, of acute and chronic lung diseases, consumption, pneumonia, pleurisy, bronchitis, &c., structural diseases of the heart and large vessels, erysipelas, rheumatism, small pox, scarlatina, albuminuria, dropsy, abdominal tumors, diarrhoea, dysentery, chronic cutaneous eruptions, (some rare cases, such as rupia, &c.,) chronic spinal diseases, paralysis, acute and sub-acute cerebro-spinal meningitis, delirium tremens, insanity, epilepsy, &c., &c.

Among the surgical patients you will also remember the considerable number of severe rail road injuries, fractures of various bones, hip disease, anchilosis of large joints, orchitis, strictures of the urethra, senile gangrene, ophthalmia, necrosis, hernia, whitlow, cancer, contusions, sprains, &c., &c. The operations which these accidents and diseases required, and which were fully witnessed by the class, together with the details of after treatment, included, you are aware, several amputations of the leg and thigh, the forcible extention of ankylosed joints, the frequent introduction of bougies, the tapping

for abdominal dropsy, the practical application of fracture apparatuses and other dressings, the use of chloroform and ether, and the various minor surgical manipulations.

Out of the Hospital, by the politeness of yourself and others, the class had opportunities of seeing a variety of other cases, such as dislocations of the hip, shoulder and elbow, extirpation of the eye, removal of tumors, tapping of the chest, and attendance upon parturition. Instruction in the examination of excretions and in post-mortem appearances were not neglected.

This statement will enable you to communicate to the Board of Regents a general outline of the course we pursued and the advantages afforded to the gentlemen under our care. The names of those to whom we issued certificates of having attended this course, are appended.

Very truly yours, &c.,

A. B. PALMER.

WM. E. THOMPSON.

W. M. LYON.

G. W. McCUNE.

W. G. COX.

DANIEL THOMAS.

J. BUTERBAUGH.

SAMUEL ROWSOM.

DWIGHT D. STEBBINS.

W. H. MERRIMAN.

---

(B.)

DETROIT, August 27th, 1857.

At a meeting of the members of the Clinical Class of the University of Michigan, the following resolutions were unanimously adopted:

1st. *Resolved*, That we, members of the first class in the Clinical Department of the University of Michigan, do hereby acknowledge our high appreciation of the value of the clinical instruction we have received during the past summer.

2d. *Resolved*, That we do hereby express *most sincerely* our feelings of gratitude towards and attachment to Drs. Z. Pitcher and A. B. Palmer for their *many* favors and assiduous and untiring efforts as clinical instructors, in promoting our advancement in medical science.

3d. *Resolved*, That the Secretary be instructed to present a copy of the foregoing resolutions to Drs. Pitcher and Palmer.

WM. E. THOMPSON, *Secretary*.

---

ECZEMA OF THE FACE IN CHILDREN.—Dr. Behrend recommends the following application for the crusts which frequently cover the face of children: Cod-liver oil fifteen and bicarbonate of soda two parts.



## ARTICLE II.

*Notes of Lectures upon Tuberculosis, to the Clinical Class of the University of Michigan, in attendance at St. Mary's Hospital, Detroit.* By Prof. A. B. PALMER, M. D., &c.

GENTLEMEN:—

For some time past you have been studying with care the phenomena, and watching from day to day the progress of several interesting cases of phthisis, in the Hospital; and on previous occasions, at the bedside and in the lecture room, I have been endeavoring to introduce you to a practical and scientific knowledge of this disease. Being strongly impressed with the truth that all just and rational measures of prevention and cure must be based upon a knowledge of the nature and cause of this as of other diseases, I have, in beginning the examination of this subject, endeavored to present you with what I regard as the most consistent, and best established views of the essential pathology of tubercle; and, in doing so, have necessarily hinted at some of the causes which produce it. These causes have not, however, been dwelt upon in detail; and as, in consumption more than in most other diseases, our means of avoiding its fatal consequences are limited to preventing its full development—are restricted to removing or modifying those circumstances which produce it, the importance of a particular examination of its causes, both immediate and remote, will at once be apparent.

On a former occasion I told you that tuberculosis was a blood disease; that it was essentially, though probably not exclusively, connected with a changed—a depraved condition of that fluid. In making this statement, I do not deny the influence of the surrounding solids in determining the conduct of effusions from the blood. A low vitality of the solids may be combined with a morbid state of the fluid. As to the exact conditions of the blood in every respect in this disease, authors are not fully agreed. That there is a deficiency of red corpuscles none deny. As to the comparative prevalence of fibrin and albumen, there is some confusion of expression, and indeed, contradiction of opinions. Rokitsansky affirms that there is an increased amount of fibrin; others deny this, asserting that fibrin is deficient, but that albumen is superabundant. This contradiction and confusion doubtless arises, in a great degree, from different views of the nature and function of fibrin—some regarding it as albumen in an advanced stage of development, ready to be woven into organised tissues, while others believe it to be the result of destruct-

ive metamorphosis—the *debris* of tissues, ready to be eliminated from the body. I shall not stop here to discuss this question, though entertaining my own views upon it, the result of some experiments and thought; but, avoiding any expression of opinion as to whether albumen or fibrin is the abounding article, I will say that there is an excess of a protenaceous compound in the blood—whether it be called fibrin or albumen is not material—which is capable of being poured out into structures, and is of a vital and plastic nature too low to be readily formed into organized tissues, and too sluggish in its actions to be speedily broken down and changed into pus, but which remains for a long time in a condition similar to that in which it is effused, constituting with other matters, animal and earthy, the peculiar exudate called tubercle.

From this proposition no well informed pathologist would probably dissent, and it is sufficiently full for our purpose. After all the investigations of the more recent pathologists, a more true and comprehensive statement can scarcely be found than that of Williams, in his *Principles of Medicine*, in which he says that tubercle may be traced “to a degraded condition of the nutritive material from which old textures are removed and new ones formed; and differing from plasma not so much in kind, as in degree of vitality and capacity of organization.”

We have already stated that this abnormal condition of the blood—the immediate cause of tuberculous disease—is itself produced by imperfect nutrition, and by the imperfect action of the emunctories by which effete matters are removed from the system. This leads directly to an investigation of the nutritive and eliminative functions, to the questions as to How good blood is made? How it is kept pure from effete materials constantly poured into it from worn out tissues? and How these functions are so interfered with as to produce tuberculosis? These, gentlemen, are all-important question. Upon their proper appreciation by our profession, and a proper action in relation to them by the community, depend the lives of unnumbered hosts. Nothing connected with these subjects can be too familiar. On them, I am constrained to say, during my medical pupilage, I was not properly instructed. Twenty years ago, few students among us were, and many medical men are not yet sufficiently informed.

I do not propose to go into extended details on the digestive functions. You have recently given attention to the physiology of digestion and assimilation, and to go over that whole ground, besides being unnecessary, would occupy more time than can be spared in



this course. I will, however, make some general suggestions on the subject, trusting to your own knowledge, or referring you to other sources to supply the deficiencies.

And first, How is good blood made?

Digestion and sanguification are complex processes, involving the operation of physical, chemical and vital principles.

In the first place, proper food—the various essential organic and inorganic matters—must be introduced into the stomach. There must be a due admixture of the Carbonaceous and Nitrogenous organic elements, together with the smaller proportion, but scarcely less important mineral ingredients, presented as the materials for elaboration.

The organic materials must be transformed into albuminous and oily compounds. This is a chemical process.

These substances, in a fluid state, must be taken up by the veins and lacteals, forming elementary molecules. This is a physical process.

These materials must be transformed, first, into chyle corpuscles, and then into blood. This is a vital process. This transformation of the food into blood occurs in living organs, and is effected by their vital activity. The liver, the spleen, the lymphatic glands, and other portions of the vital organism, doubtless have their respective parts in this process. From this fluid, elaborated in various ways, nutritive materials are derived. To fit the blood fully for its purposes, it must be well oxidized by sufficient air in the lungs, acted upon by light, moistened by water, dried by evaporation, vitalised by the nerves; receiving, in short, an influence from the whole vital mechanism, and every part of that mechanism must be in proper order to produce good results. A defect in any one part, however perfect the rest, will mar the ultimate effects. Albuminous and fatty materials must both be assimilated. Without a proper quantity of acids in the digestive tube, albumen cannot be appropriated; with an excess of them the digestion of fatty matters is interfered with; as these latter substances require alkalinity—must be emulsified by the alkaline pancreatic fluid before being taken up by the lacteals. If, then, there should be an habitual excess of acids, albumen might be abundantly prepared and absorbed into the circulating fluid, while there would be a deficiency of fat. The blood might be thus overloaded with albumen, the fat of the system would be consumed in producing heat, and albuminary deposits might occur. This state of things might be expected, and is, indeed, often realized from this cause.

The influence of the nervous system in modifying the various organic processes of secretion, digestion, sanguification, and nutrition, in these, our days of chemical physiology, has not been sufficiently recognized. All influences, moral or physical, which depress or exhaust the energy of the nervous system, tell with destructive effect upon all the vitalizing processes which have been alluded to, and become remote but effective causes in the production of tuberculosis. Much of our prophylactic and remedial management should be directed to this system, as we shall see by-and-by.

I have thus hinted at the manner in which good blood is formed, and will say a few words in relation to the modes of its being kept pure by being freed from the contaminations of effete matter received into it from the destructive metamorphosis of tissues.

While carbonaceous materials, not needed for the tissues, are burned off in the lungs and exhaled from those organs; and while also the liver, in the secretion of bile, carries carbon and some other materials out of the blood; and the intestines likewise, to some extent, act as secernents; the organs which depurate the blood most, of its worn out materials, are the kidneys and the skin. When the functions of either of these are imperfect, the blood very speedily becomes impure. While the kidneys carry off, principally in the form of urea, much of the results of retrograde metamorphosis and of imperfect assimilation, the skin also eliminates a large amount of effete material: and it is a striking fact that the excretion of the skin—the sweat—contains the same elements as are found in tubercle. When from any cause, such as want of exercise, indoor employment, condition of climate, improper clothing, or deficient cleanliness, the skin is inactive, and the elements of the sweat are retained in the blood, they are apt to be exuded in the form of tubercle.

Special causes of debility and irritations and congestions of the lungs act as determiners of deposits; and when deposits occur from blood thus contaminated, and when there is a deficiency of vital power, tubercles, rather than plastic formations, are the result. Defects in the action of the stomach and the skin, then, are among the most prominent causes of phthisis—and many of these causes are removable.

Of the special causes of indigestion and mal-assimilation, I do not propose at present to speak. Such a course would lead us over the whole subject of dyspepsia, a subject sufficiently elaborated in your books, and upon which I have nothing very special that I wish to say. But the functions of the skin and the influences which may affect them, as bearing upon the cause and cure of consumption,



not being as fully treated of in the works to which you have access, will be a subject of somewhat more particular examination.

The skin has other functions than that of merely eliminating effete materials from the blood. Absorption takes place, to some extent, through its pores; a sort of respiration is effected through its texture somewhat analogous, perhaps, to that through the leaves of plants—and certainly the skin is a great source of sensation and reflex action—a source of extended sympathies with the rest of the system.

The different conditions of the cutaneous sensibility affect more or less every part of the organism; and it often makes a vast difference with many functions and conditions of the body whether there be a free or diminished cutaneous circulation—whether the blood be determined to or from the surface. As examples, the appearance or the receding of an eruption will often put an entirely new phase upon the character of a disease, and the shrinking or swelling of the cutaneous vessels, will often most materially change the aspect of various other diseases. I might further illustrate the influence of the skin upon other organs, and the whole system, by referring to the well known fact that a draft of cold and moist air will often determine a severe internal inflammation, or a protracted rheumatic fever.

The circumstances which most affect the skin, its circulation and transpiration, are climate, exercise, cleanliness, exposure, clothing and the amount of respiration. Climate is well known to have a decided influence upon the prevalence of consumption, and it exerts that influence, in a large degree, by its effects upon the skin. The relations of climate to this disease is an exceedingly interesting subject—interesting from its practical importance and its intricacy. Particular elements of climate have a variety of influences in different conditions of the system, and in dwelling upon the topic, I can only state general facts and principles—can only point out general laws which will be subject to modification in their application to particular cases.

The more important elements of climate as relating to this subject are, moisture, temperature, uniformity or variableness, the amount of light and of winds.

Humidity diminishes evaporation from the surface of the body, and when constant or protracted, it diminishes transpiration also. Evaporation is purely a physical act, but transpiration is partly physical and partly vital. Under some circumstances, the temporary application of moisture will so modify the vital part of the process as to increase, for a time, transudation through the skin, but its continued presence produces the contrary effect. An amount of moisture above the

more natural or physiological standard, to whatever part of the body applied, externally or internally, if persistently continued, operates as a sedative upon all the functions; those of the skin being no exception.

The pale and shriveled condition of the washer-woman's hands for some time immersed in water, or the part of the surface to which a poultice or water-dressing has been applied, at whatever temperature, goes to sustain the remark; and of the truth of the principle there can be no doubt.

Humidity during the winter months is both unpleasant and injurious, because, in addition to its effects upon evaporation and transudation, it impresses unfavorably the general sensibility through the surface. This produces a variety of delaterious effects—internal irritations, congestions and inflammations, and among those effects are tuberculous deposits.

In England, France, Germany, and especially in Holland, the climate is humid and consumption is frequent, and the frequency of the disease in the different localities is very nearly in proportion to the humidity.

Natives of *hot* and *moist* climates are found to be specially liable to tuberculosis. There are twice as many consumptions in the West Indies as in London. I am aware that this is contrary to a vague popular opinion, but it is nevertheless the fact, as ascertained by statistics; and, according to the principles I have been stating, it must be so.

On these Islands, surrounded on every side by a broad extent of ocean, and under an almost vertical sun, both the heat and the moisture must be great.

If the air be fully saturated with moisture, and its temperature be 100°, or that of the blood, no evaporation will occur unless there be wind, and very little transudation will take place unless there be exercise. As a matter of experiment and observation, it is found that, when the air is saturated with moisture, transpiration is at its minimum, and that it is five or six times as great when the air is dry. Among the indolent West Indians then, transpiration is at its lowest ebb; the effete matters that should be carried off by the skin are retained in the blood, and frequently exuded into tissues in the form of tubercles.

On the other hand, consumption is very unfrequent where the winters are *cold* and *dry*. This is the case in Sweden, Norway, our Lake Superior region and Minnesota, and for the most part in Russia and Canada. The statistics of the armies of Great Britain and of the United States, have thrown much light upon this subject. It is



astonishing that the facts are not more generally understood. We have, in these cases, a fair test of the influence of climate, as the characters of the soldiers and their habits and conditions in other respects are very similar. It is found, as a general rule, that those sent North have the disease much less than those sent South. According to the records of the British Army, the men sent to Nova Scotia and New Brunswick, are less affected with consumption than those sent to Jamaica and Sierra Leona. According to Dr. Forry, who published, some years ago, a most valuable work on the climate of the United States, as derived from the records of our own Army, soldiers in the south were treated for consumption in the proportion of  $10\frac{3}{10}$  to 1000 per annum, while in the north there were only 7 in 1000, and in the severest northern latitudes only 5 in 1000. While it is unnecessary to dwell on these facts, their importance cannot be over-estimated.

The existence of winds increase evaporation and transpiration. This must be obvious from well known physical principles; and agitation of the air disposes strongly to freer respiration. We breathe freer in windy days, in large apartments and in a free open country, than under opposite circumstances. For these reasons, an agitated atmosphere in an open country; or when necessarily within doors, pure air, in large and well ventilated apartments, must be insisted upon instead of their opposites. There are few cases of consumption on our large prairies where the air is almost constantly in motion, and where large spaces and magnificent distances and few indoor employments dispose to muscular activity in the abundant air and radiant light of Heaven. If those inhabitants of New England, predisposed to consumption, who are pent in by mountains, or far worse, by the confining walls of factories, would break away from their contracted tread-mill life, and get them farms on the glorious prairies, instead of being speedily followed to their "narrow homes" and their final resting places, to be marked by stones already quarried, many of them might long look upon the light of this world and see their children grow up around them.

Temperature as well as humidity acts mostly on the skin, as the internal organs are largely protected from its influence; but simple temperature of itself, independent of moisture and of monotony and sudden changes, produces comparatively little effect upon the prevalence of consumption, though a preponderance of facts seems to indicate that a good degree of cold is, on the whole, most favorable. It is very certain that a uniformly *low* temperature is much preferable to a uniformly *high* temperature. Cold, if not too extreme, being relieved

by artificial processes of warming, operates as a tonic upon the general system, while continuous heat, which is scarcely capable of mitigation by artificial means, produces debility and exhaustion. There can be no doubt, as both reason and experience establishes the fact, that the worst possible climate for a consumption is one with long-continued *high* temperature in connexion with *great moisture*.

During the last year a very important work has been compiled, under direction of Dr. Thos. Lawson, Surgeon General of the U. S. Army, by R. H. Coolidge, M. D., a very zealous and active Assistant Surgeon of the army, and published by the direction of Congress. It consists of Statistical Reports on the sickness and mortality of our army since Dr. Forry's time, embracing a period of sixteen years, from 1839 to 1855. It contains a vast amount of statistical knowledge, such as we need more of from every nook and corner of our country, and such as I hope you will hereafter assist in furnishing, by keeping a record of your cases, and the meteorology of your locality, when you go into practice. We are, in this work, furnished with important information on the influence of climate upon consumption, and I refrained from introducing it with the other references, in order to make it more conspicuous by a special notice. I will give you, from a table before me, which is on the 496th page of this great work, the ratio of cases of Phthisis treated annually, in the army per 1000 of mean strength, in various regions in our country. It fairly shows the comparative influence of the climate of each region upon the disease. The number of cases per 1000 is smaller than that given by Dr. Forry, showing an improvement in this respect. This may in part be due to improvement in the means of determining the earlier stages of the disease, and thus excluding more men at the time of recruiting. Something, it is hoped however, is due to improvements in hygienic management. The facts are as follows:

Among the forces stationed on the Coast of New England, 4.8 per 1000 were annually treated for Phthisis.

In the Harbor of New York,	5.9
North Interior, East,	4.7
The Great Lakes,	4.5
North Interior, West,	4.1
Middle Atlantic,	2.5
Middle Interior, East,	2.4
Newport Barracks, Ky.,	3.4
Jefferson Barracks, St. Louis,	4.1
Middle Interior, West,	5.2



---

South Atlantic,	- - - - -	9.2
South Interior, East,	- - - - -	7.2
South Interior, West,	- - - - -	2.
Atlantic Coast of Florida,	- - - - -	2.3
Gulf Coast of Florida,	- - - - -	6.9
Texas, Southern Frontier,	- - - - -	4.
Texas, Western Frontier,	- - - - -	3.9
New Mexico,	- - - - -	1.3
California, Southern,	- - - - -	5.2
California, Northern,	- - - - -	5.6
Oregon and Washington Territories,	- - - - -	3.2

---

From these facts it will be seen that New Mexico is most favorable to consumptives, only 1.3 cases occurring in a thousand, while the South Atlantic is the least so, 9.2 cases occurring in the same number. These figures, taken in connexion with the meteorological observations, confirm the position that *dryness* is the most important atmospheric condition for a consumptive, and we have seen the manner in which it produces its effects, viz: by promoting exhalation from the skin, and thus carrying effete matter out of the system. New Mexico is by far the driest region indicated, and the South Atlantic has the moistest atmosphere. Changeableness of climate—sudden variations in temperature, moisture, winds, &c., excite bronchial and other inflammatory diseases, and operate often very injuriously upon persons in advanced stages of tuberculosis; but a moderate degree of variable-ness seems not to dispose to the tuberculous dyscrasy, but rather to prevent it. As has already been stated, uniformity of heat is particularly injurious, especially when connected with moisture.

Winds, as already intimated, promote evaporation and transudation, secure general ventilation, and encourage free respiration and a full expansion of the lungs, and when not excessive may be regarded as favorable to those predisposed to consumption. In advanced stages or developed conditions of the disease, severe winds, like sudden and extreme changes, may produce great irritation, and should generally be avoided.

Light is one of the vital stimuli, and the importance of an abundance of this vivifying agent cannot be too strongly insisted upon, as a prevention of diseases of debility. It is, however, pretty uniformly distributed in ordinary latitudes, and is principally varied by being artificially excluded. Its abundance or deficiency depends upon the habits of men rather than the partiality of nature. Its absence in

the cellars of the poor, and the deeply shaded parlors and chambers of the rich, is a fruitful source of debility, consumption and death.

Muscular exercise has an important influence upon the secretion of the skin. This you well understand. Everybody knows that exercise induces perspiration, and a want of it closes up these pores. Diminished muscular exercise, combined with humidity, is a most frequent cause of chronic diseases, and particularly of tuberculosis. The most powerful, and one of the most frequent combinations of morbid causes producing tuberculosis, is heat, moisture, and laziness. When these are united, as they so often are in hot countries, consumption is exceedingly common.

Rainy weather and a wet atmosphere keeps people within doors, and thus by preventing exercise, and the enjoyment of free, pure air and abundant light, indirectly produce injurious results. In high latitudes, greater activity is required to guard against cold and secure the necessaries of life, and this is one of the modes in which cold climates prevent phthisis. Exposure to moisture during the hours of active labor only, produces but little injury, as then the muscular exertion counteracts the atmospheric moisture, and transpiration goes on. Tanners, wool washers in manufactories, and dyers, though often suffering from rheumatic pains, showing the influence of water upon the skin, are, nevertheless, not particularly subject to consumption.

From observations, made by Dr. Guy, of England, in the close workshops of a printing establishment, where all breathed the same air, the difference in the mortality from consumption between the compositors who stand at a case and set the types, and the pressmen who exert their muscles actively in printing the sheets, was as 74 to 31, more than twice as many compositors falling victims to the disease; while among the same general class of workmen in the same place, those who exercised in the open air died of consumption only in the proportion of 25, or but a third as many as of compositors.

It has also been found by the same observer, that among single women leading sedentary lives, such as book folders, seamstresses, &c., phthisis was three times as frequent as among those following non-sedentary domestic occupations, as housekeepers, servants, &c., while those women who worked out of doors had the disease least of all.

Observations made upon a large scale in Paris, Vienna, and Hamburg, show that the proportion of sedentary and active persons dying of consumption, are as 141 to 89, and in many localities the difference between the deaths from this disease occurring in persons of outdoor and indoor occupations, is as 1 of the former to 2 of the latter.



By observations made in the Hospitals, for consumptions, at Brompton, England, it was found that the comparative liability to the disease, between men following indoor and outdoor pursuits, was 63 to 30, while all the women in the establishment had been occupied indoors. Facts of this nature could be farther cited, but these are sufficient to present in a strong light, the importance of active exercise, and of out door exposure.

Deficiency or irregularity of clothing, by which certain portions of the body are subjected to the depressing influence of protracted cold, not unfrequently does harm. In cases where there is much vital vigor, a habit of reaction may be established, which may protect from injury, but the effect of such exposures is generally bad.

Of the influence of cleanliness in keeping the pores of the skin open and the transpiration free, I need not particularly speak. The thing is self evident. Besides removing mechanical obstructions, bathing greatly promotes agreeable cutaneous sensations, and acts as a most agreeable excitant to the whole nervous and vascular system. Filthiness then, by obstructing perspiration, is a cause of consumption, while cleanliness tends to prevent it; and no one predisposed to the disease can afford to forego the advantages of bathing, particularly as the practice so much promotes healthy innervation and sanguification.

The importance of free respiration—of full and repeated expansions of the chest with pure life-giving air, has been repeatedly hinted at, and needs now only to be named. Nothing tends so much to encourage this, as free exercises in the open air. Free, deep, voluntary, systematic and repeated inspirations may sometimes be practiced with good effect where from any cause active exercise cannot be taken. Depressing emotions and passions have much effect in disturbing the nervous and vascular energies, and are among the causes of consumption. By diminishing nervous and vascular, particularly capillary, action, they obstruct digestion and secretion, impair the blood and the nutrition of tissues; they particularly diminish the action of the skin, induce internal congestions and prevent the elimination of excrementitious matter.

In many European countries poverty acts as a cause of consumption. In Geneva, among the poor, 233 out of every 1000 die of this disease, while among those who are well off, only 68 out of 1000 are its victims. The poverty of Europe has a depressing moral effect and leads to bad hygiene.

Another, and the last cause of consumption I shall now mention, is hereditary predisposition. Most constitutional diseases are more

or less hereditary—and this is neither more nor less so than many others. By saying that it is hereditary I do not mean to say that any special poison is transmitted from parent to child, but a peculiarity of organization is often copied by the child from the ancestors, in consequence of which he is particularly liable to this form of disease. When this liability exists, all the other causes I have mentioned operate with more readiness and force, and they should, therefore, be avoided with more care. In these cases the special causes and the prophylaxis are the same.

In speaking of climate and habits of life, I have dwelt particularly upon their relations to the functions of the skin. While I regard this as a truthful, an exceedingly important, and besides, too much neglected view of the subject, I do not forget, and wish you not to overlook, the influence which all these circumstances have upon the digestive organs and processes, and all other functions of the body. You are aware that active and rough modes of life, and some climates of a bracing character, often enable one to eat everything, and digest all things well, and convey vigor to every part of the system. Freeing the blood of effete matter will not of itself produce abundance of healthy corpuscles, or establish a correct proportion of the other ingredients of this fluid, nor give proper vigor to the nervous system. Proper food properly digested must accomplish this; and whatever tends to impair the process of nutrition, primary or ultimate, or, in fact, whatever tends in any manner to lower the powers of life, may act as a cause of tuberculosis. Guard against that narrowness of thought which, in taking a simple view of a subject, however important that view may be, disregards all others properly belonging to it. This is a characteristic of exclusivists—of one-idea hobby-riders—and is particularly to be avoided by those who would be rational and philosophical physicians.

I have in these remarks presented to you what I regard as the more important points connected with the etiology of this disease, and we are now prepared to advance in future interviews to a review of its phenomena, and to a consideration of the means of its prevention, and the modes of its treatment.

---

**DENTIFRICE.**—Dr. Cramoisy recommends a powder composed of 1543 grains of carbonate of lime and the same quantity of calcined magnesia, with 30 drops of essence of mint, as a dentifrice.



## ARTICLE III.

---

For the Peninsular Journal of Medicine.

*On the Venereal and Marasmic Diseases of Ponapi or Ascension Island, of the Pacific Ocean.* By L. H. GULICK, M. D.

---

The Island of Ponapi, (Lat.  $6^{\circ} 55' N.$ , Long.  $158^{\circ} 25' E.$ ), in that part of Oceanica now called Micronesia, may have been seen by Quirosa in 1595, and native traditions speak of several subsequent communications with vessels; but it cannot be said to have been discovered till seen by the Russian Admiral Lutke, Jan. 2d, 1828.

It consists of a coral reef, seventy or eighty miles in circumference, which of itself sustains fifteen or more coral islets, and which encloses a basaltic island, sixty miles in circumference and 2858 feet high, with several very much smaller and lower basaltic islets. It is peopled by a race similar to that occupying the whole Caroline Archipelago, having many, though in some respects rather remote, affinities to that of Polynesia proper. It is a race by most ethnologists supposed to have undoubted relations to those inhabiting the Philippine Islands, particularly to that speaking the Tagala language, and it is consequently pronounced a branch of the great Malay family. The Micronesians, and particularly the Caroline Islanders, seem to be the connecting link between the Polynesians and Malays, and are perhaps to be ranked rather with the "Indo-Malayan," than with the "Malayo-Polynesian" races.

The Island of Ponapi, since the small-pox epidemic of 1854, is supposed to have a population of about 5000. It has long been a resort for American whalers and a few traders; forty-two vessels touched here in the shipping season of 1854-55. It is consequently much exposed to foreign diseases. At some future day I may remark on the truly indigenous diseases, but I at present select those that are with some reason attributed by the natives to a foreign origin. Several maladies are by them supposed to have been so introduced, but with not the least show of reason or probability. The following are the only so-called "foreign diseases" worthy of attention, viz: dysentery, venereal, scrofulous, peritonitis and small-pox.

*The Dysentery* is said to have been brought here from Batavia, in 1845. It is impossible and unnecessary to learn much more of it, than that it was virulently contagious and carried perhaps an eighth or a sixth of the whole population.

*The Venereal Diseases.*—It is the uniform witness of whites and natives, that these diseases, in their different forms of gonorrhœa and

syphilis, were unknown here till introduced by ships in 1836. All testimony is so direct on this point, it cannot be set aside, though we are not by it obliged to believe they had none of the milder venereal maladies.

Gonorrhœa, if it existed before, is greatly increased in virulence, frequency and prominence. Few, if any, of either sex over eight or ten years of age now escape unscathed; yet it is almost always of a mild type and generally fades away without medication.

Syphilis is very general and is every year increased by foreign importation; yet the primary symptoms are usually mild and abate without medication. Of secondary affections, periostial inflammations are not unfrequent; phagedenic ulceration about the nose and throat is occasional, but not a thing of common note; skin diseases occasionally present that I presume to be syphilitic, and these not unfrequently progress to extensive superficial ulcerations, especially in children, which sometimes terminate in death. Yet perhaps the saddest physical result of this disease is the effect on the procreative powers of the people, seen in the imperfect impregnation, the early abortion of imperfect and deformed fœtuses, and in the birth of diseased infants.

I would not adopt the extreme opinion of many that venereal *disease* alone is the cause of the diminished productiveness of almost every "South Sea" island that has had contact with whites; for the excitement of licentiousness, without disease, prevents fructification, most especially licentiousness pursued under the artificial stimulus of a business. This people, as all islanders, were licentious before whites touched here; but it was the license of mutual pleasure seeking. Upon the arrival of ships, prostitution became a systematic trade, and has been till now pursued for profit; and the germ-blighting effects of an exhausting business license must be vastly greater than those of mere brutish freedom. It is the difference between the mere pleasure seeking indulgencies of the female brute, and the systematic, frequent, forced admission of the male, much more for business than for pleasure. What female animal of any species could be fruitful under the last system, were it fruitful, even excluding the idea of mischievous sexual diseases, and why is not woman subjected to the same law?

But more than this. The introduction of ardent spirits and tobacco, both so extensively and excessively used, must bear directly on the diminution of procreative power, and I urge their influence in the production of such results on all the islands of Oceania as at the least equal, and perhaps greater, than that of the monster syphilis.



Such powerful drugs, used in excess among a people peculiarly susceptible to the action of every such agent, must produce great physical revolutions. In some cases, as at the Sandwich Islands, the peculiarly depressing political and social conditions of the people have only given these deleterious agents the more power, and have so wrought, if possible, a more incurable evil. (See a thesis on the climate, diseases and materia medica of the Sandwich Islands, by the present writer.) Even on Ponapi, where the people have unusual freedom from every species of oppression, the power of these agents has been unmistakably potent.

Yet while I deny to syphilis the exclusive power of defeating procreation, it would be preposterous to refuse great potency toward such results in this most active malady, especially among the Ponapians where it is ever to be found in freshly repeated cases. And this cannot but be considered one of the saddest of physical results.

*The Marasmic Disease, called by the Natives "Limungamung," the Drying or the Withering.*—I take this to be of a scrofulous nature, directed upon the peritoneum and the mesenteric glands, though I have not yet been able to perform a post-mortem.

The symptoms which the natives always mention, are chills and fevers of a moderate grade, with slight abdominal pain and tension. The progress is sometimes rapid and bears every evidence of a sub-acute peritonitis, advancing with little intermission to a fatal issue in two to six months, with very great emaciation. Often the disease progresses more gradually, continuing, with less and less perfect intermissions, for many years. The frame of such an one is always reduced in size, and as the disease becomes more pronounced, the attenuation is more and more marked. The abdomen becomes gradually more globular, unyielding and painful, sometimes increased, at others slightly diminished in size. The appetite is generally, but not always good, from which we may gather that the stomachic portion of the peritoneum is not usually affected. The bowels pass from one extreme of irregularity to another, but are usually sluggish. I am seldom able to detect febrile exacerbations, though frequent shivering is an attendant from the first to the last stages. One glance at the pinched up countenance, the emaciated frame and the globe-shaped belly is usually sufficient for an unerring diagnosis.

By the natives this disease is, with evident error, supposed to be so far contagious as to spread from the grave of one in whom it has proved fatal. Yet it certainly does, as phthisis, run in families, some of which it alone has entirely swept away. It is equally partial to

persons of every age and sex. Few once attacked but ultimately die of it. It has been, and still is, very active, and has probably within twenty years carried off several thousands, doing as much, or perhaps more, mischief than the more dreadful small pox.

This disease must be similar to that mentioned by Gerhard, of which he says: "It is unusually rife among negroes; indeed, it is sometimes called consumption of the negroes in the Southern parts of our country. It rarely attacks adult males, more commonly females, and is very prevalent with children, in whom it forms one of the diseases known as *tabes mesenterica*, although the mesenteric glands are not invariably affected." (*Clinical Medicine* by Graves and Gerhard, 1858, p. 648.) It would be of interest to know more than is here told of the probable causes and the most successful treatment.

From the reluctance and carelessness of the people, I seldom have an opportunity to treat the disease in its earlier stages, and the results have therefore seldom been satisfactory. Yet in a few cases of early treatment they have yielded under a mercurial course, with counter-irritation, followed up by an iron tonic in place of iodine, which I have not had.

Particular narratives are given by the natives of how, at certain well ascertained dates, several foreigners and Ponapi natives returned from abroad, died at different places on the island; and how, after their decease, the sickness gradually radiated from those points. One account tells of a South Sea islander who bid the natives to take his clothes and body, when he should die, and sink them well out to sea, lest they should die of the same. His directions were neglected, his clothes appropriated by the natives, and the disease taken by some of them. That it is contagious and directly imported from abroad, does not evidently appear and is highly improbable; yet I know not how to resist the impression produced by the uniform and most reliable of native and even of foreign testimony, that this disease first began to be noticed in 1836 or 1837.

If this disease be what I have supposed, and be of so recent a date, it is important to inquire, what new conditions have been wrought on the people, since their acquaintance with whites, to develop this scrofulous tendency. It is my impression that the trade of prostitution, the disastrous syphilis, the tobacco which has now become an indispensable comfort to every class and sex of almost every age, together with the ardent spirits that are extensively made and drank by the great mass of the male population, and by many females, are



quite sufficient to have produced the great physical degeneration requisite to the development of this scrofulous tendency, and that something in their humid climate and stale diet of buried breadfruit directs the disease upon the abdominal membranes and glands. The principal objection to this is, I presume, that of its having been developed too rapidly to have such a constitutional origin. Yet the above introductions of evil must have had tremendous results in a people so susceptible as this; and why deny them, even all I suggest, after an unrestrained sway of over twenty years, especially when the alternative seems to be the inadmissible hypothesis of a specific contagious disease?

It is quite worthy of remark that the venereal, the erection of the first still for the manufacture of liquor from the *tadee*, (the sap of the fruit-stem of the cocoanut tree,) and this marasmic disease all occurred in 1836, and that the taste for tobacco was just beginning to be formed at about the same date.

I reserve *the small-pox epidemic* for a separate paper.

---

#### ARTICLE IV.

For the Peninsular Journal of Medicine.

*The Small-Pox Epidemic on Ponapi or Ascension Island of the Pacific Ocean.* By L. H. GULICK, M. D.

*Of a Spontaneous Origin.*—Whether we coincide with or oppose the idea of possible “spontaneous origin” of small-pox, it is an undoubted fact that the disease was never spontaneously produced on the island of Ponapi, and that it was unknown here till 1854.

*The Mode of Introduction.*—On the 19th of February, 1854, a whaleship, under the pilotage of one of our reckless foreign residents, forced itself into one of the harbors of the island, against the strongest wishes of all those chiefs who had time to protest. There were two cases of the disease on board at the time, who were immediately after set ashore on a little island distinct from the main land. Natives, as a matter of course, visited the island and stole the clothes of the sick sailors, upon which the disease so rapidly spread that by the first of October the last cases on the island were past their crises.

*The Period of Incubation* was usually, where I could definitely fix its extremes, about ten days. In inoculated cases I was seldom

wrong when telling the patients to expect the initiatory fever after the tenth night, which is the native method of counting—that is on the eleventh day, after the lapse of ten times twenty-four hours. *Query*:—Is the period of incubation shorter in severe epidemics, or in the first eruption of the disease among a people? Dr. A. T. Thomson remarks: “Some writers assert that the disease is always most severe when the period of incubation is short; but this may be ascribed rather to the habit and temperament of the patient than to a change of the time.” (*Dis. of Skin*, p. 44.) Are we then to attribute to “the habit and temperament” of this people this shortness of the incubative stage?

*The Types of Initiatory Fever*.—Irritability of the stomach was not a frequently marked symptom. Encephalic symptoms were more noticed, but they were, I think, not by any means so severe as is usual in countries where the brain is more exercised. Prostration of strength was always marked. Pain in the lumbar regions was by far the most generally excruciating symptom, connected, as I imagine, with the almost national rheumatic pain in the back, so common at all times.

A singular pain in the abdominal regions proved in many cases fatal within a very few hours, before the eruptive stage could be reached. I have never heard expressions of such fearful agony as in some of these cases, when a whole neighborhood would ring with the terrific midnight screech. Pressure tended to relieve the distress. Medication did little or no good, neither purgation, nor bleeding, nor (as I empirically prescribed) heavy opiates. In one or two of the milder cases a drastic purge did seem to afford relief. Death so generally took place before the eruption, by which alone they could identify it, the natives supposed it a new disease come to increase their misery and make death more certain. This fatal pain seemed much more frequent in the low swampy regions along the lee shores. Not one of any inoculated cases was thus affected.

I may also remark that in many very mild cases there was scarce any appreciable initiatory fever.

*The Varieties of Eruption* were very numerous and to me very interesting. The horn pox, the stone pox and the wart pox, the lymphatic pox, the serous pox and the ichorous pox, in so far as they are to be distinguished, had each their representative cases. As the preliminary fever in many cases could be scarce recognized, so the degree of eruption varied from to most completely confluent to cases where but a pustule or two could be recognized, and where the in-



dividual pustules failed of progressing through the regular gradations, often fading out at the second or third day and terminating in a mere scurf, frequently without the least umbilication; so that had not such cases occurred during the epidemic, I should never have acknowledged them to be small-pox. It would be presumption in one like myself, who never saw a case diagnosed by experienced eyes as varicella, to pronounce on the identity of that disease with variola; but I saw many cases which answered in every particular to Dr. G. Gregory's description of varicella. I saw cases in which I could detect "no umbilication, no central depression, no division into cells, no slough;" cases in which there were "simply partial elevations of cuticle, of irregular and undetermined arrangement;" where there was "no grouping into threes and fives, no crescentic or circular figures formed;" where "every thing was hurried forward—the incubation, eruption, the dessication."

It will be remembered that neither the small-pox nor the cow-pox were ever before introduced so as to have produced these various modifications. It was the action of the disease on a virgin soil. In perhaps one third of all the cases, we had what I must suppose to be identical with "varioid," technically so called, though no vaccination had preceded to modify; and in many instances we had what I could not distinguish from varicella, and what I must term "varicelloid," without venturing to determine there is not a true and distinct varicella, though I will not conceal the impression of great doubt left on my mind.

I undertook in a few instances to inoculate from varioid and varicelloid cases, hoping the inoculated cases would be the milder, but I failed; and as I could not afford to fail often, when my reputation among the people and the welfare of the whole island depended for a time on the success of every instance, I afterwards inoculated only from well pronounced cases. I will by no means say the mildest class of cases would not have given the disease, which may have some bearing on the question, whether varicella can be communicated by inoculation. These varicelloid cases were by no means confined to childhood; I found them of every age. These mildest cases were also equally satisfactory with the most severe, for, having had the disease once, even in this mild way, the individual was safe from a re-attack.

An eruption was occasionally seen which at first deceived me, but which I soon learned to distinguish from even the varicelloid cases. Suddenly, during the period of incubation of the true variola, and

sometimes anterior to infection, (as the event proved,) a few large pustules would appear, filled with an ichorous, offensive pus, which healed immediately on being punctured. There was no inflamed base, nor any umbilication.

*The Stages of Greatest Fatality and Modes of Death.*—Tenacity of life seemed to me marked. A very small proportion died, as has been remarked, in the initiatory fever. A number died during the process of maturation before the secondary fever, from diarrhoea and from cynanchic symptoms. A much larger number died during the second week; but by far the largest number lasted to the third week. It was wonderful how nature could sustain itself day after day in the most horrid condition of putrification and starvation. Their nervous systems showed themselves by no means so sensitive to external conditions as those of more civilized nations. This is, however, as might be expected, also true of them in health, when they are by no means as readily affected by stench and hunger.

It is but little, if any, amiss, to also in this place remark that a very considerable number must have been buried alive. It is the native custom to commit the body to the earth as soon after supposed death as it is possible to dig a grave one foot and a half or two feet in depth—that is in a half or even a quarter of an hour! I knew of one instance of a person reviving even during this short period, who ultimately recovered.

*The Ages of Greatest Fatality.*—I have seriously to regret my inability to present definite figures in the place of general statements on this and the several points of interest connected with my subject. My only, but perhaps sufficient apology is that I was among a people suspicious of every thing I said and did; who in their affrighted rage charged even the first introduction of the disease to the missionaries; who in many ways threatened our lives for our supposed malicious intentions in offering medical assistance; and who, during several of the earlier months of the epidemic, most industriously avoided us and concealed all facts possible from us, being in considerable measure prompted by low European resident sailors. After a time their dread of the disease overcame their fear of us, and our time and strength were then so overpressed, that I was with my utmost diligence able to preserve but few available notes; and I may mention that the natives often felt suspicious of the few memoranda we did take before them, deeming them a species of incantation.

There are very few individuals remaining over forty-five years old, and scarce one survived under a year or a year and a half. It is a



common saying among the natives that only boys and girls are left, and it is palpable that children and youth preponderate over the remaining middle-aged.

In London and New York the small-pox is by far the most fatal on those under the age of five (Lancet, 1853; N. Y. Jour. of Med., July 1854); but this can not be said of our recent epidemic on Ponapi—a fact of some interest. The common statement may perhaps be made of Ponapi and of those localities, that the period of infancy suffers most; but is not the infantile age sooner past in Ponapi than New York or London?—that period of most rapid changes and developments which must be accomplished before the child can be said to care for itself, to of itself recognize and answer nature's various demands. I think it unquestionable that maturity of body and mind is here more rapid than in those localities, and that a child of two or two and a half is here as mature in body and, relatively to the people among which it is, more sage in mind, than one of five or six in America. Nature perhaps develops them faster, and the early train which throws them on themselves as separate, self-sustaining individuals, assists the tendency, if it is not itself the primary cause. It is in this way I would account for the period of greatest fatality being confined here to so very early an age.

*Mortality of the Sexes.*—The male population suffered, I think, the most severely, though it is impossible for me to give the proportions. A similar disproportion has been observed in New York, of which Dr. J. L. Smith remarks, it “has not been satisfactorily explained.” (N. Y. Jour. of Med., July 1854.) It is easy to theorize on such a point, but difficult satisfactorily to trace the lines of actual causation. I therefore abstain.

*The Average Mortality and its Causes.*—We suppose our population, anterior to the small-pox, to have been between eight and ten thousand; our present population does not much exceed five thousand. About one half were laid to rest by the small-pox.

It may be of interest to state that, though there are about twenty-five foreign residents, and though several had slight attacks, not one lost his life; nor did the native wife of any one of them die; nor did a single child of a resident white man by a native woman die, though there are fifteen or more of them—a fact which must be attributed to the better nursing bestowed on such. It is also interesting that of the eight or ten children of non-resident whites by native women not one died.

The great fatality among the native population is to be attributed

to the positive neglect of cleanliness; to the want of the nourishment of even the ill-adapted native food, which it was difficult and often impossible to procure from the universality of the disease; to the despondency to which both the sick and their friends so readily gave way, when food was seldom either offered or accepted, even when prepared, and when they were left to their corruption and to the attacks of ants and other vermine, days before death relieved. And a considerable measure of the fatality is also to be attributed to the systematic exclusion of all fresh air and cooling drinks—a system taught the natives by several ignorant whites from those parts of England and France where the name and teachings of Sydenham have not yet penetrated; for such, it seems, there are! These whites instructed the natives to thatch the wicker-work sides of their houses, to keep active fires in their central in-door fire-places, to curtain each case round with whatever of clean or filthy clothes or blankets could be found, (red blankets were particularly valued,) and to give the sick nothing but hot drinks and warm food; for, said they, “the humour” must all come out! The effects of this heating system were horrible. My own influence long weighed little with the stubborn, conceited whites, or with the suspicious affrighted natives, though I at last had the satisfaction of seeing the truth at least partially triumph.

*Inoculation.*—Though no less than three different attempts had been made to introduce vaccine matter, during our two years residence, we had not succeeded in importing that which proved active. The sad results of our failure must ever weigh upon our hearts; though it is very questionable whether we could have prevailed on more than a small portion of the people to have accepted vaccination from us, while it could have been of the most service.

There is an acknowledgment which the nature of any paper does not directly require of me, but which I make, hoping it may meet some eye who can get profit by it. I was aware of the experiment by Furnel & Brown, and by Martyn, and Ceely, as to the procuring of so called “variolo-vaccine” lymph, by inoculating the cow; but strange to say, those experiments had never otherwise suggested themselves to my mind, than as merely scientific attempts to solve the question of an “identity,” or at least of a “remarkable analogy” between variola and variolæ vaccinæ. The possibility of artificially producing the bovine disease by inoculation, for practical purposes, when destitute of vaccine lymph, was a thought that came too late.

Is not this a subject to which the minds of all medical students should be very distinctly directed—as mine never was—since it is



one of the most important in the circle of prophylatic medicine? I am aware of the difficulty of the operation; but what efforts are too laborious or difficult to deter from attempts to procure reliable vaccine lymph? How advantageously might the attempt have been made during the epidemic of 1853, at the Sandwich Islands, where there was such a scarcity of efficient matter; and how frequently might it be resorted to in every part of the remote world, where small-pox appears! Frequent practice must simplify the operation, and render the result more certain. It is a slight salvo for my own mortification, though but a slight one, that such attempts have not before been made by those in like circumstances with myself.

Having no vaccine matter, my only alternative was to introduce inoculation; yet this was a dire remedy among a people who at first charged every death to my active designs. On the first appearance of the disease, five natives, who had been previously exposed, submitted to inoculation; of whom two died, by which my practice gained little credit, and it was sometime before I could induce any others to permit it. Out of thirty cases that next submitted successively, I lost but one, which more than restored my reputation. I then inoculated all who desired, whether previously exposed or not,—and almost every one had been, for insatiable curiosity would carry a whole neighborhood to view the first case among them, though aware of the danger. In the space of three months, my fellow missionary, the Rev. Mr. Sturges, and I inoculated a total of about 500. About one-tenth of our inoculated cases died. We could do comparatively little for them after the first inoculation; and many obstinately pursued their heating system, hoping to combine the efficacy of every plan. The most of them were so remote from us we could do little but visit the severest cases once in two or three days,—a care over them which could not effect much among a people that would only attend to prescriptions and directions while we were present.

Among those inoculated, the varioloid and varicelloid cases were greatly multiplied; constituting, perhaps, seven or eight-tenths—seventy or eighty per cent.—of the whole.

I inoculated myself, and had a slight fever, but no eruption. I had long before been vaccinated. Why may there not be “*variola sine variolis*,” constituting Sydenham’s “*variolous fever*,” even as there may be “*Rubeola sine catarrho*?”

*Treatment.*—It may readily be gathered that the treatment of any disease among such a people as I have described, must be the most simple and direct possible. I seldom bled during the initiatory fever,

and even then with no marked benefit. In cases of high febrile action, a saline purgative, while I had it, was all I administered. During the secondary fever, in severe cases, an opiate at night, with an occasional dose of calomel and jalap, were very usual prescriptions. I always carried with me a solution of Sulp. Cupri, with which to gargle the throats of such as had cynanchic symptoms, and usually recommended the frequent gargle of warm water, though cold water seemed often as efficient. The poor natives having usually nothing softer on which to lay than their ribbed mats, were greatly pained by the adhesions of their skins to them, to meet which, I found powdered Arrowroot most admirable. In the last stages, with typhoid symptoms, I saved several lives, after the natives had abandoned them, by the above treatment combined with wine and nourishing aliment.

The refrigerant treatment was that, however, upon which I most relied from the first to the last stages. In this I became more and more bold as my experience increased. I at first cautioned against bathing in cold water during the initiatory fever, though recommending moderate coolness; I also feared bathing during maturation. But I finally considered both merely legitimate extensions of the Sydenham method. So long as the blood was not violently determined from the surface, producing chills, I hailed every reduction of temperature, and diligently sought it. Cold douches, and wet cloths to the head, were generally very grateful. Cold bathing and sponging, and the application of moistened linen to the pustulated surface of the body and limbs, often produced magic relief, and always alleviated. My observations did not confirm Wilson's remark that cold water "is thought to increase the congestion of the mucous membranes." (Page 108.) I shall, no doubt, be understood by all the candid, as by no means one of those who endeavor to hop and hobble through medical practice on the unnatural, one-legged, and ridiculous ignorance of "The Water-Cure," while I am free to say that I think the refrigerant methods may, in small-pox, be carried much further than our "regular" medical professors and authors are yet accustomed to teach.

It is an interesting fact that there is comparatively little "pitting" perceptible in those who have recovered. Pitting there is, and in some cases quite marked; but the large majority cannot be said to be at all pitted, and very many of those who were quite numerously pustulated present no marks of the disease save a slight discoloration on the site of each former pustule. I think the Ponapians are much less pitted than the Hawaiians or Sandwich Islanders, who, only the year before, experienced the same disease.



May not this interesting result be, in part at least, attributed to the national habit of anointing the head and whole body with cocoanut oil, constantly during health, and particularly in sickness? It is a practice not unallied to that of Baron Larrey, (*Am. Jour. Med. Science*, Feb. 1840,) of an application of almond oil. It is the freshly expressed oil that is generally thus employed. A very old cocoanut, in which the oil cells are richly developed, is scraped up and wrung. One or two Malays from about the Straits of Timor, insisted that a recently ripe cocoanut, with the internal water yet unabsorbed, and which, when scraped, furnishes a milk rather than oil, was much the best, and that they use it in their native country. I should myself have been inclined to prefer it as more bland,—(it will be understood that the expressed juice of the meat, and not the contained water, is used); yet I am not certain but there is a slightly stimulating property in the fully developed oil that tends to produce healthy action in the ulcerated areolar tissue.

Another practice which the Malays, with other foreigners, (travelers in Eastern—to us of Ponapi, Western—countries), introduced, and which I earnestly patronized, was that of the ancient Arabian physicians, of puncturing the matured pustules; a practice Dr. G. Gregory pronounces “as useless as it is troublesome,” but which deserves a much more favorable notice. It was universally practiced, and I am confident had an intimate relation to the slight pitting. This opening was effected with any thing at hand, and perhaps most generally with the finger nails! Did one wish to express affection for the sick, his most ready and instinctive way, was to sit by and prick a few pustules! Could all the pustules on an individual be opened, his recovery was deemed certain, and if he then died, it was because of my medicine, or of some mischievous “spirit” that had got inside of him! Never have I seen more speedy and complete relief from pain than in some cases when my lancets in other’s hands had thoroughly opened each pustule, which I followed up with the application of cold compresses. This was especially true of pustulation on the palms of the hands and soles of the feet.

*Insusceptibility to Variola.*—It is questionable whether one of the former ten thousand inhabitants of this island wholly escaped the disease. One or two in each tribe have the reputation of being proof, but the statements cannot be positively and absolutely made. One of these cases was under my own eye, and was inoculated twice without effect. Yet sometime after he had a slight fever, with a very scattered eruptions,—five or ten pustules, perhaps, on his whole body.

*Sequelæ.*—Ophthalmic symptoms very often supervened, and many an eye was destroyed. Diarrhœa proved, in many cases, fatal when recovery seemed otherwise certain; in some places it even set in like an epidemic. A remote result of the small-pox seems to have been an increase of the "Marasmic Disease," as might have been expected in the shattered constitutions of many who barely weathered the dreadful scourge.

A singular result, for such it apparently is, is the considerable increase of births and pregnancies. Such a total revolution was effected in the system of many females who never bore a child, and in some who had borne and ceased, that to their surprise, they had already, or are about to, become mothers. (Oct. 1855.) In this we recognize one of Nature's conservative laws, by which that, that destroys, tends also to multiply. Yet, alas! it is palpable that the compensation will, in this case, prove far too small ever to restore those whose canoes shall as busily furrow our bays as of yore.

---

#### ARTICLE V.

---

#### *Description of a New Genus of Perenni-branchiate Amphibians.*

BY PROF. A. SAGER.

---

This interesting amphibian has probably been confounded with the *Siredon Mexicanus*, to which it is nearly allied. It is believed, however, to be generically distinct from it, yet comprised within the same family group, viz. *Acholotida* of Stannius.

Genus, *Desmiostoma*. Nob. Jaws laterally united by a broad membrane, which is supported by a cartilage resting on the inferior maxilla. Superior maxillary apparatus with two parallel rows of small teeth, the outer one extending continuously along about three fifths of the margin of the superior maxillary bones; the inner, situated on the vomers and pterygoids, with a wide anterior interruption and a slighter one latero-posteriorly. The inferior maxillary with a single continuous outer row, and an interrupted inner one on the splenial bones. Tongue free, slightly fleshy and papillated. Body elongated and depressed.

*Sp. Char.*—*Des. maculatus*. Color greyish blue, mottled with darker spots. Fore-feet with four digits, hind-feet with five, elongated, slender and acute. A broad membrane upon the superior and inferior



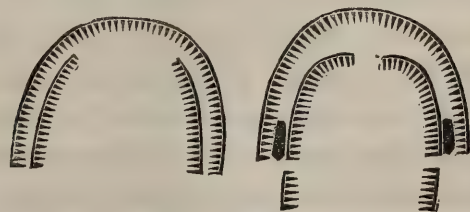
margins of the tail, and extending above to the head. Opercular flap deep and nearly covering the branchial arches, the latter margined inferiorly with membrane. Mouth with membranous lips.

*Anatomical Notes.*—Length 10 inches. Head  $\frac{5}{8}$  inch long,  $1\frac{1}{4}$  wide. Head and body  $5\frac{1}{2}$  inches, tail  $4\frac{1}{2}$ . Nostrils widely separated, terminal. Eyes medium, lateral, lidless. Branchiæ three pair, slender, acute, with simple fimbriæ on the anterior margin. Branchial cartilages five pairs, with four opercula; margin of the superior one smooth, of the rest denticulated, the third and fourth with a double row. Legs one inch, feet  $\frac{3}{4}$  of an inch. Alimentary canal 15 inches, esophagus 1 inch, stomach 2 inches, small intestine  $8\frac{1}{2}$  inches, large intestine 3 inches. Stomach quite muscular; intestines quite membranous. Liver  $1\frac{1}{2}$  inch long, one inch wide, simple, suspended by a peritoneal fold of equal length. Bile cyst small, below the inferior extremity of the right side. Spleen slender, one inch long, on the left side of the stomach. Kidneys multilobular, in a series. Ovaries  $1\frac{1}{2}$  inch narrow, with numerous ova of microscopic dimensions. Oviducts long terminating in the anterior part of the abdomen. Bladder a simple ovoid sac. Heart simple, bilocular. Bulbus arteriosus with a valvular structure. Lungs two inches, narrow, cellular.

The more cellular lungs, while the branchiæ are much less fimbriated, and the non-palmated feet, indicate that this amphibian is less exclusively aquatic in its habits than the *Menobranchus*, and closely approximates to the larves of the *Salamandridæ*. To these the mouth is also strikingly similar.

Habitat. supposed to be New Mexico.

View Representing the Dental Arrangement.



*Inferior Maxilla. Superior Maxillary Apparatus.*

---

MEDICAL STUDENTS IN LONDON.—The number of students registered at the different medical schools in London this session is 1050. This is somewhat below the usual attendance, a fact which some of the English journals account for by reference to the increasing difficulties of procuring anatomical material.—*N. A. Med.-Chir. Review.*

## ARTICLE VI.

*From our Chicago Correspondent.*

I cut from the *Chicago Tribune* the following items respecting the city mortality for 1857:

The following table shows the number of deaths in each division of the city during 1857, also during each month, and the totals for the year.

The number of deaths in Chicago in 1857 were:

	S. Div.	W. Div.	N. Div.	Total.
January .....	65	38	35	138
February .....	51	32	23	106
March .....	49	39	36	124
April .....	51	62	52	165
May .....	51	41	25	117
June .....	38	52	31	126
July .....	99	93	58	250
August .....	112	156	164	372
September .....	103	143	81	327
October .....	52	65	53	170
November .....	56	55	32	143
December .....	49	40	41	130
Totals .....	786	821	571	2178

It is to be observed from this table that the season creates a vast difference in the ratio between the mortality of the three divisions of the city. During the winter months the number of deaths in the North and West divisions is much less than that in the South division, because the latter has a greater population than either of the former, while in the warm season the mortality of the North and West divisions increases until the deaths equal or exceed those in the South division. This shows that the North and West sections are for some reason more subject to summer diseases.

The causes of this difference appear to be the following:

1st. The South division contains much the wealthiest population, while in the other divisions a large number of poor and degraded persons occupy certain filthy localities, whose constitutions make no resistance to the attacks of summer diseases.

2d. The South division lies in a long narrow strip, located in such a manner as to bring its inhabitants more under the influence of the pure fresh air from the lake, than in other parts of the city.

3d. The South division is thoroughly supplied with pure lake water from the hydrants, while many of the remoter inhabitants of the other divisions still use the magnesian waters of shallow wells, whose effect



upon those who rely upon them for drink, has been well shown, both here and in other cities.

The following table shows the number of deaths for the past eight years, both for each month and each year:

	1850.	1851.	1852.	1853.	1854.	1855.	1856.	1857.
January .....	60	30	48	38	112	123	110	138
February .....	57	29	48	68	101	103	103	106
March .....	53	38	42	81	95	123	92	124
April .....	50	35	63	59	103	105	108	165
May .....	43	45	70	73	147	90	134	117
June .....	27	35	91	82	341	87	121	126
July .....	240	67	179	111	935	236	266	250
August .....	466	227	448	152	731	448	394	372
September .....	174	175	300	191	561	310	224	327
October .....	70	49	194	114	403	146	147	170
November .....	46	45	86	96	200	95	129	143
December .....	49	54	75	121	103	104	122	130
Totals.....	1335	836	1649	1206	3829	1970	1950	2178

The following is an exhibit of the number of deaths in each year, from 1847 to 1857 inclusive, with the population of the city for each year, and the number of deaths in proportion to the population:

	Deaths.	Population.	Proportion.
1847.....	520	16,859	32.42
1848.....	560	20,035	35.78
1849.....	1,519	23,047	15.17
1850.....	1,335	28,269	21.17
1851.....	836	32,698	39.11
1852.....	1,649	38,733	23.48
1853.....	1,206	60,652	50.29
1854.....	3,829	65,872	17.20
1855.....	1,970	83,509	42.38
1856.....	1,950	100,000	51.28
1857.....	2,178	110,000	50.91

From this table it will be seen that in regard to health the past eleven years rank as follows, placing the healthiest first: 1856, 1857, 1853, 1855, 1851, 1848, 1847, 1852, 1850, 1854 and 1849.

The following is a classification of the ages of the deceased of 1857. Of the 178 persons whose ages are not stated upon the records, 45 were still-born infants.

Aged one year and under.....	377
Aged five years and over one year.....	600
Aged ten years and over five years .....	50
Aged twenty years and over ten years .....	69
Aged thirty years and over twenty years.....	277
Aged forty years and over thirty years.....	155
Aged fifty years and over forty years .....	79
Aged sixty years and over fifty years .....	46
Aged seventy years and over sixty years.....	31
Aged eighty years and over seventy years.....	14
Aged eighty-seven years .....	1
Aged ninety-six years.....	1
Age not stated .....	178
Total.....	2178

The following is a statement of the causes of deaths in 1857. It is taken from the books of the City Sexton, and so far as it goes, is no doubt tolerably accurate. No cause is stated for a large number of the deaths.

Accidents.....	55	Killed.....	4
Abscess.....	5	Kidney Disease.....	5
Apoplexy.....	8	Liver Disease.....	6
Asthma.....	1	Lung Fever.....	1
Bilious Fever.....	36	Measels.....	38
Bronchitis.....	1	Malformation.....	1
Consumption.....	254	Marasmus.....	5
Croup.....	158	Nose Bleed.....	1
Child Birth.....	12	Neuralgia.....	1
Convulsions.....	46	Old Age.....	13
Congestion of the Brain.....	40	Paralysis.....	5
Congestion of the Bowels.....	10	Puerperal Fever.....	31
Congestion of the Lungs.....	12	Pneumonia.....	3
Cholera Infantum.....	29	Peritonitis.....	1
Cholera Morbus.....	5	Remittent Fever.....	5
Congestive Chills.....	3	Rheumatism.....	3
Coup de Soleil.....	1	Rupture of Bladder.....	1
Cancer.....	1	Still-Born.....	45
Dysentery.....	463	Small-Pox.....	10
Dropsy.....	29	Scarlet Fever.....	61
Debility.....	2	Suicide.....	2
Drowned.....	24	Ship Fever.....	3
Diarrhœa.....	65	Scrofula.....	4
Erysipelas.....	6	Spinal Disease.....	1
Frozen.....	1	Strangulation of Intestines.....	1
Gastritis.....	1	Teething.....	280
Hydrophobia.....	1	Typhoid Fever.....	86
Heart Disease.....	11	Tumor.....	1
Inflammation of the Lungs.....	48	Typhus Fever.....	26
Inflammation of the Bowels.....	23	Ulceration of Bowels.....	1
Inflammation of the Throat.....	3	Umbilical Hemorrhage.....	1
Inflammation of the Womb.....	2	Whooping Cough.....	20
Inflammation of the Brain.....	13	Water on Brain.....	25
Intemperance.....	19	Worms.....	2
Jaundice.....	2		

Martin Quinlan, the City Sexton, has been fined five hundred dollars for taking subjects for dissection from the Potter's Field.

The County Medical Society at the meeting for this month discussed the diseases of the teeth. The cause of decay in the teeth was ascribed by Dr. Allport, who read a paper on the occasion, to acid secretions in the mouth, which chemically removed the phosphate of lime from the organs affected.

I understand from Dr. Quinlan, lately returned from Europe, that in Paris American dentists stand at the head of the profession there, and some of them are reaping a golden reward.

The health of the city is usually good.

The Chicago Academy of Sciences held its annual meeting at the Museum on the 12th inst. A paper was read and discussed on the prairie grasses. The paper was from Dr. Geo. Vasey, of Ringwood,



Ill., and gave a brief account of the grasses which are most prominent in Western vegetation. The Curator reported that the museum now contains ten thousand specimens. The Academy commissioned the Curator to visit all the coal mines of Illinois and obtain as many suites of their fossils for exchange as possible. This institution has flourished far beyond the hopes of most of its founders. X.

---

#### ARTICLE VII.

---

*Minutes of the Sixth Annual Meeting of the Mich. State Medical Society, held at Detroit, Jan. 20th, 1858.*

---

The Society convened at the public hall in the Waterman Block, at 11 o'clock A. M., and was called to order by the President, Dr. N. D. Stebbins, in the Chair.

The minutes of the previous meeting were read and approved.

The Society then proceeded to election of new members, when the following gentlemen were proposed and elected to membership, viz:

Dr. E. M. CLARK, of Detroit.

Dr. E. KANE, of Detroit.

Dr. E. LEACH, of Owasso.

Dr. C. GILBERT, of Lyons.

Dr. J. G. BUGBEE, of Edwardsburg.

Dr. A. E. LEETE, of Romeo.

It was then moved by Dr. Brodie, that a committee on nomination of officers for the ensuing year, be appointed.

Dr. Batwell moved as an amendment, that we proceed to election of officers by first taking an informal ballot.

Amendment adopted.

Dr. Brodie then moved that the election of officers be made the special order of business, immediately after the President's address, at 3 o'clock P. M.

Motion carried.

The Secretary then read a communication from the Indiana State Medical Society, asking co-operation in devising some plan for effecting an interchange of published transactions.

Moved by Dr. Klein, that the communication be received and placed on file for further action.

Motion carried.

Dr. Brodie moved that the subject be referred to a committee of three, to report in the afternoon.

Carried.

The President appointed the following gentlemen to constitute the committee on this subject, viz:

Dr. A. B. PALMER, of Ann Arbor.

Dr. A. SAGER, of Ann Arbor.

Dr. BEECH, of Coldwater.

Dr. Beech then presented the following resolution, which was supported by Dr. Brodie:

*Resolved*, That it is, in the sense of this Society, becoming annually more incumbent upon the officers of the Medical Department of the University of Michigan, to investigate closely the character of mind and preliminary education of candidates for membership in the medical classes.

Dr. Palmer arose to make inquiries in regard to the tenor of the resolution.

Dr. Beech spoke at some length in support of the resolution, claiming that the whole progress of arts, sciences, and of the community in civilization generally, demanded a like advancement in the members of the medical profession; that the facilities for acquiring a higher standard were greatly increased, and hence it was more incumbent upon the Profession to insist upon a higher standard of acquirement in candidates for admission into it, and that an expression of sentiment on the subject by this Society, was right and proper.

Dr. Palmer replied, appreciating the spirit of the resolution, but inquiring if some of the responsibility did not attach to the profession generally; if practitioners should not exclude from their offices applicants for admission who have not undergone a satisfactory preliminary examination before a board of censors.

Dr. Klein spoke in support of Dr. Palmer's remarks, and stated that, during the existence of the old Wayne County Medical Society, an examination before admission of a candidate to a physician's office was required.

After some further discussion, the following amendment was offered by Dr. Christian, that the resolution read as follows;

*Resolved*, That it is in the sense of this Society becoming annually more incumbent upon the officers of the Medical Department of the University of Michigan, to investigate closely the character of mind and preliminary education of candidates for admission in the medical classes; and that members of this society and the profession generally be recommended to investigate closely the character of mind and preliminary education of applicants for admission to their offices.



It was then moved by Dr. Kane, that the further discussion of the subject be postponed until the afternoon session, and

On motion, the Society adjourned to meet at 2 o'clock P. M.

#### AFTERNOON SESSION, 2 o'clock P. M.

The meeting was called to order by the President, Dr. Stebbins, and minutes of morning session read and approved.

The President presented a communication from Mr. A. G. Hewitt, a graduate of the Eclectic School of Medicine, of Cincinnati, which was read by the Secretary, and on motion, was laid on the table.

On motion of Dr. Christian, the President was then invited to deliver his address.

The Society was entertained by an exceedingly interesting oration, entitled

*“Medicine an Inductive Science, and Hippocrates the Father of Inductive Science,”*

In which the author showed conclusively, from the writings of Hippocrates, that he was justly entitled to the fame of being the founder of Inductive Science, instead of Bacon, commonly reputed to be its originator. The author showed also, from the writings of Bacon himself, that he was indebted to Hippocrates, and that he himself acknowledges this indebtedness.

The address being concluded, the following resolution was offered by Dr. Gorton:

*Resolved*, That the thanks of this Society be conveyed to the President, for his able address, and that a copy be requested for publication in its proceedings;

Which was unanimously adopted.

On motion of Dr. Christian, Dr. P. A. Knight, of Utica, was elected to membership.

It was then moved by Dr. Gorton, that we proceed to election of officers for ensuing year.

On motion, Drs. Brown and Brodie were appointed Tellers, when an informal ballot was taken for the office of President, with the following result:

TOTAL VOTES 26,

Of which Dr. J. Adams Allen, of Kalamazoo, received 14; Dr. M. A. Patterson, of Tecumseh, received 11; Dr. J. A. Brown, of Detroit, received 1.

A formal ballot was then taken, with the following result:

TOTAL VOTES 27,	
Of which Dr. J. A. Allen received	16
Dr. M. A. Patterson	10
Dr. Arnold, of Monroe,	1—27

It was moved and voted that Dr. J. A. Allen, of Kalamazoo, be declared unanimously elected President for ensuing year.

The Society then proceeded to take a formal ballot for the office of Vice President, with the following result:

TOTAL VOTES 21,	
Of which Dr. Christian received	1
Dr. Carhart	1
Dr. E. M. Clark	9
Dr. Brodie	1
Dr. Arnold	2
Dr. J. A. Brown,	7—21

There being no election, a second ballot was taken, resulting as follows:

TOTAL VOTES 23,	
Of which Dr. E. M. Clark received	9
Dr. J. A. Brown	14—23

It was moved and carried that Dr. Brown be declared unanimously elected Vice President for ensuing year.

On motion, Dr. Christian was declared elected Secretary by a viva voce vote, and Dr. P. Klein was declared elected Treasurer by a viva voce vote.

Dr. Beech moved that the thanks of the Society be returned to the retiring President, for the able manner in which he has performed his duties the past year; which motion was carried.

The President elect not being present, the Vice President elect was conducted to the chair.

The following resolution was then offered by Dr. Gorton:

*Resolved*, That a committee of three be appointed by the Chair, to report at the next annual meeting of this Society, the proper means to be used to legalize the procuring of subjects under certain restrictions, for the study of anatomy.

Resolution adopted, and the following gentlemen appointed such committee:

Dr. J. C. GORTON, of Detroit.  
 Dr. E. KANE, of Detroit.  
 Dr. ASHLEY, of Ypsilanti.



The resolution offered by Dr. Beech, in the morning, was then taken under consideration.

Dr. Beech desired to amend his resolution by striking out the words "of the Medical Department," so as to read "officers of the University, &c."

The following was offered by Dr. Batwell, as a substitute :

*Resolved*, That this Society respectfully, but earnestly, recommend to the Regents of the University, the necessity of a preliminary examination in the Elementary Sciences, to those students who present themselves for admission to the Medical Department of the State University.

Dr. Brodie moved an indefinite postponement of the whole subject.

Dr. Kane spoke in support of the resolution.

Dr. Pitcher stated that the Institution, in its requirements, was already up to the demands of the American Medical Association; that the Faculty had all necessary authority to make the examinations, and were supposed to do their duty, and he therefore supported Dr. Brodie's motion.

Dr. Klein advocated the passage of resolutions requiring greater care on the part of the profession.

Dr. Palmer understood that the Faculty had no power to exclude any from the class, otherwise than from that of being candidates for graduation.

Dr. Brodie then moved a division of the resolution, making separate resolutions of Dr. Beech's original resolution, and of Dr. Christian's amendment, and that the question be taken on each separately.

Motion carried.

Dr. Gunn then moved that Dr. Beech's resolution be amended by inserting the words "Board of Regents" in place of the words "officers of the University."

Dr. Beech replied that the resolution was not predicated upon any censure of the officers of the Medical Department of the University, but in advocacy of the object of the American Medical Association, and he would prefer his own amended reading, as not implying any blame upon the Faculty.

The question being put, Dr. Beech's resolution, and Dr. Christian's amendment were adopted as separate resolutions.

On motion, the Society adjourned to meet at 7 o'clock P. M.

## EVENING SESSION, 7 o'clock P. M.

The Society was called to order by the Vice-President, Dr. J. A. Brown, in the Chair, and minutes of afternoon session were read and corrected.

Reports of committees being called for, Dr. Palmer, chairman of the committee appointed to report in regard to the circular of the Indiana State Medical Society, asking co-operation in interchange of published transactions, reported, that the committee were unable to recommend any definite action until it was determined by the Society in regard to the publication of its transactions, that they would favor such interchange, if the transactions were published. They recommended that the paper be received and placed on file for further action.

Report adopted.

Dr. Sager, appointed at last meeting to report on Puerperal Diseases, reported, that his paper was incomplete, but would soon be completed and would be subject to the action of the Society. He was requested to complete his paper and refer to Committee on Publication.

Dr. Gunn presented a report by Dr. Dubois on Rheumatism, which was referred to Committee on Publication.

Dr. Sager presented a report by Dr. Corbin on Diseases and Topography of Livingston Co. Referred to Committee on Publication.

Dr. Davenport, appointed to report on Diseases and Topography of Wayne Co., reported himself unprepared at this meeting.

Dr. Axford read an able and interesting report on the subject of Vaccination, which was referred to Committee on Publication, and the thanks of the Society returned for the same.

Dr. Christian presented the report of Dr. W. W. Hippolite on Zimotic Poisons, which was referred to Committee on Publication.

Dr. Palmer, appointed to report on Diseases of Children, read a highly interesting paper entitled "The great importance and urgent duty of specially studying the Diseases of Children," which was referred to Committee on Publication.

Voluntary communications being called for, Dr. Beech gave a synopsis of a paper on the Diseases of Coldwater, Mich., which was referred to Committee on Publication.

No further papers being offered, on motion of Dr. Beech, Coldwater was designated as the place for holding the meeting of the Society two years from this date.

Dr. Robinson then offered the following amendment to the constitution:



ART. 8. The President shall appoint annually a committee of three, whose duty it shall be to examine the credentials of candidates for admission to membership in this Society.

Adopted.

It was moved by Dr. Brodie, that the Treasurer be instructed to pay expenses of room and advertising from the funds of the Society in his hands.

Carried.

Some discussion ensued in regard to the feasibility of publishing the transactions in pamphlet form, when, on motion of Dr. Cowan, it was resolved that their publication in pamphlet form be postponed for one year.

On motion of Dr. Bugbee, it was then resolved that the transactions be published in each of the medical journals in the State, and that the surplus funds in the hands of the Treasurer be devoted to that purpose.

It was moved that a Committee on Publication be appointed by the President.

The President appointed the following gentlemen as such committee:

Dr. A. SAGER.

" E. M. CLARK.

" C. GILBERT.

The Society then proceeded to the election of delegates to the next meeting of the Am. Medical Association, with the following result:

Dr. C. STOCKWELL, of Port Huron.

" P. KLEIN, of Detroit.

" L. DAVENPORT, of Detroit.

" H. P. COBB, of Detroit.

" J. C. GORTON, of Detroit.

" E. M. CLARK, of Detroit.

" E. KANE, of Detroit.

" J. A. BROWN, of Detroit.

" J. A. ALLEN, of Kalamazoo.

" J. H. BEECH, of Coldwater.

" H. TAYLOR, of Mt. Clemens.

" I. PADDACK, of Pontiac.

" C. LEACH, of Owosso.

It was then moved that the President have power to appoint substitutes in place of any appointed, who shall give him notice of such desired substitution.

The following gentlemen were then appointed to report at the next meeting of this Society, viz:

Dr. A. B. PALMER, on Diseases of Children.

" AXFORD, on Vaccination.

" L. DAVENPORT, on Diseases and Topography of Wayne Co.

" WM. COWAN, on Health of Towns in relation to Sanitary Measures.

" M. GUNN, on Ununited Fractures.

" E. M. CLARK, on Plastic Operations.

" E. LAUDERDALE, on Adulterated Articles of Diet.

" E. KANE, on Modus Operandi and Therapeutical Applications of Quinine.

" P. A. KNIGHT, on Diseases and Topography of Macomb Co.

" E. LEACH, on Diseases and Topography of Shiawassee Co.

" CORBIN, on Diseases and Topography of Livingston Co.

" N. D. STEBBINS, on Registration.

" E. P. CHRISTIAN, on Criminal Abortions.

" L. G. ROBINSON, on New Remedies.

On motion, the Society adjourned.

E. P. CHRISTIAN, *Secretary*.

---

## EDITORIAL AND BOOK NOTICES.

---

*The Senior Editor of "The Medical Independent" and Professor of Surgery in the University of Michigan.*

We should not again have alluded to this gentleman, or the subject of which he is so disinterested an advocate—the removal of the Medical Department of the University from Ann Arbor to Detroit, but for a wish to give our own reasons for the course we have seen fit to pursue in relation to him and the object of his editorial efforts. In alluding to his acts or in calling in question the wisdom of his counsels, I have ever been actuated by an unaffected desire to advance the best interests of the University, to promote which I have not only expended much thought, but sacrificed time and money, without ever having drawn upon its resources in return. If in stating what I believe to be true, that the absence of any one or all of the Professors of the Medical Department, four days in a week, impaired the efficacy of that organization and diminished the usefulness of such absentee, I have touched the sensibilities of such Professor, it is wholly attributable to the fact of his being out of place and unpro-



tected by the ægis of the institution to which he owes fealty and service. Should the privilege claimed by the Professor of Surgery be set up by the other members of the faculty, there would be no difficulty in stating in advance what would become of the government of the establishment and the moral force engendered by the presence of a united and working faculty.

Among the things I have in my past life to regret, is that of having abandoned the thought, which I had at one time taken much pains to mature, of insisting upon such an organization of the Medical Department of the University, as would necessarily extend its annual term of study to nine months, so as to make it in that respect equal to the course of the Department of Arts. This arrangement would have reduced the corps of Professors, so that the same appropriation now made for the support of this Department, by increasing the compensation of those employed, would have secured the unremitting attention of a competent faculty, whereby this discussion would have been obviated, the necessity for which no one regrets more than myself. From this course I was dissuaded by medical gentlemen who had had no experience in teaching, and who had not given the subject as much attention as myself. Professors, in this country at least, have too exclusively occupied the places of text books, and lectures have in too great a degree been substituted for reading and recitations.

The "measures advocated" by the Professor of Surgery, have had nothing to do in fixing the attitude of that gentleman and myself towards each other. His opinions on the transfer of the Medical College from Ann Arbor to Detroit, though not approved by myself, have neither given me any particular offence, nor prompted the inditing of a single line touching the conduct of that functionary, of whose character I have been careful to say nothing unkind or unjust.

I have stated that the residence of the Professors at places remote from the University was prejudicial to its interests. The correctness of that opinion may be denied, but cannot be disproved. And what I said of a neglect of the rule requiring a critical examination of the theses of students, is more than half admitted in the remarks made by the Professor, from which I quote this expression, "for he would have known that during the current year the same method of examination of the theses of students had prevailed in the surgical, as in the other departments." Of this I am happy to receive such assurance.

This is the sum of my offence, by which the Professor of Surgery is thrown into the posture of self-defence, and all this because that

gentleman had the moral courage to advise the removal of the Medical Department of the University to Detroit. I here repeat the declaration that that act of heroism had no influence over my conduct, not the least, and will add in this connection, whatever may be thought of the sufficiency of the incentive, that the public and repeated declaration of the Professor that he would "break down the Clinical School," together with his publication of an apochryphal history of the acts of the Clinical Instructor, were the immediate occasions of my remarks respecting the "fidelity" of the Professor to the University.

If absence from the post of duty four days in a week, whether with or without faculty consent, constitutes fidelity; if the omission of an important duty, the examination of theses previous to the "current year," is fidelity, and if a deliberate design to "break down" a subordinate, but integral part of the Medical Department, is another proof of fidelity, then have I wounded the honor of the Surgical Professor; but if not, our relative positions change, he becoming the aggressor and I the party aggrieved.

It is with reluctance that I have occupied space that might have been applied to more profitable uses. In the hope that nothing will occur to tempt me again to inflict so severe a penance upon the readers of the Journal, I take leave of the subject. Z. P.

---

HEALTH OF DETROIT, &c.—Notwithstanding the variable changes of the temperature and moisture of the atmosphere, and the remarkable character of the winter thus far, our city has never been in such a healthy condition. Whether the "hard times" have anything to do in keeping our citizens in a sound state of body, we do not propose at present to discuss. Certain it is the ledger of the physician will show a great falling off in debts and credits, compared with the past six winters. "Misery will seek its companions," and hence the congregations of Doctors that can at almost any time be found on the corners of the streets, or sitting enjoying a social chat in one another's offices. Typhoid fever and rheumatism are the leading diseases. Colds are not uncommon, but produce no serious results. A report that small-pox was in the city led to some excitement, but we have heard of only one death, viz. that of a young lady. In her case a severe complication of Purpura Hæmorrhagica led to the unfortunate result. We have made special inquiry, and can learn only of a few more cases, which were immediately taken to the Pest House in connexion with St. Mary's Hospital.



A certain Quack Doctor has scattered advertisements over the city headed "small-pox," and although we deprecate all such actions, it has had one good effect, viz. by causing a general vaccination stampede; and hence many are having done under the influence of fear what their good sense should dictate at all times. Opposed as we are to compulsory legislation, we would hail with delight an act that would compel vaccination, and also the registration of marriages, births and deaths.


At the late meeting of the State Medical Society (the proceedings of which are in the present number) our townsman Dr. N. D. Stebbins was appointed a committee on registration, who would be happy to receive suggestions on that subject from all of those who may feel an interest in the matter. Apropos of the State Medical Society. The meeting was rather a slim affair, only twenty-seven out of a membership of over one hundred being present. Doubtless the hard times and scarcity of money are the chief causes. The physicians in country districts do themselves a great injustice in not keeping up their State organization, and we trust they will wake up to the necessity of the case ere the society be irrevocably broken down and destroyed.

W. B.


---

THE CINCINNATI LANCET AND OBSERVER.—In the December number of the *Lancet* we were informed that that journal would cease to exist with that number. This we were sorry for, as we always hailed its appearance with great pleasure. At the same time we were told that a union had been consummated with the *Medical Observer*. The first number of the consolidated journals is now before us, edited by the former editors of the *Observer*. We expected to see a journal that would rival our Eastern contemporaries, both in mechanical execution and in its contents. Of the latter we cannot speak too highly, but the former does not compare either with the *Lancet*, or with those published in cities far below the size of Cincinnati. The table of contents is minus. We do not wish to find fault, but surely Cincinnati can furnish better paper and do better printing than that now before us, and we trust the enterprising publisher will see, for his own interest and for the honor of American medical journalism in the great Mississippi valley, the necessity of improvement. We wish the new journal a long and prosperous career. By the way, Mr. Publisher, what do you say to the *Peninsular* as a model of typography?


W. B.

 We would call the attention of our readers to our table of contents for the present number, especially to the report of the clinical school held in this city, and to the able and interesting articles from the Ascension Islands, by Dr. Gulick, on the venereal and marasmic diseases of Ponapi, and the small-pox epidemic of the same island, as we believe they will repay a close and attentive reading.

---

 We would call the attention of our readers to the circular of Dr. A. J. Semmes, one of the Secretaries of the American Medical Association, to be found in another part of this number, and as the next meeting will be held in Washington City, we trust that Michigan will be fully represented.

---

 We are again under the *painful* necessity of reminding many of our subscribers, that they are yet in arrears for the present volume of the Journal, and some still further back. It gives us no pleasure to be asking for what rightfully belongs to us, and we hope our request will be promptly responded to.

---

THE HAND-BOOK OF PRACTICAL RECEIPTS, by THOMAS F. BRANSTON.  
*First American from the Second London Edition.* Philadelphia:  
LINDSAY & BLACKISTON, 1857.

We have barely time before going to press to notice the receipt of the above work. Judging from the slight investigation we have been able to give it, we should consider it as a useful manual of reference, especially to the chemist and druggist, and also to the medical practitioner. For sale in Detroit by Raymond & Selleck.

---

### SPECIAL NOTICE.

We have only space in this number to state that, after the issue of the March number, the undersigned retire from the *Peninsular Journal*, transferring their interests to Drs. Palmer and Christian. In this change of affairs, we earnestly ask those still in arrears to remit their dues. Justice, no less than our urgent interests require this course. Will our friends promptly respond?

Z. PITCHER.

WM. BRODIE.



## MISCELLANEOUS.

AMERICAN MEDICAL ASSOCIATION.—The eleventh annual meeting of the American Medical Association will be held in the city of Washington on Tuesday, May 4th, 1858.

The Secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to A. J. Semmes, M. D., Washington, correct lists of their respective delegations, *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Art. II. of the Constitution:

"Each local society shall have the privilege of sending to the Association *one* delegate for every ten of its resident members, and *one* for every additional fraction of more than half this number. The Faculty of every regularly constituted Medical College or chartered School of Medicine shall have the privilege of sending *two* delegates. The professional staff of every chartered or municipal hospital containing a hundred patients or more, shall have the privilege of sending *two* delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending *one* delegate.

"Delegates representing the Medical Staffs of the United States Army and Navy shall be appointed by the chiefs of the Army and Navy Medical Bureaux. The number of delegates so appointed shall be *four* from the Army Medical Officers, and an equal number from the Navy Medical Officers."

A NEW PHYSIOLOGICAL JOURNAL.—It is somewhat remarkable that, notwithstanding the immense advances of physiology in the last few years, neither England, France nor America possess a journal specially devoted to this branch of science, whereas Germany has not less than five important periodicals which make it their principal object. Physiological students in the countries first mentioned have been compelled to consult a great variety of journals and the transactions of various learned societies, in order to keep abreast of the rapid progress of their science. To all such the *Journal de Physiologie*, just established at Paris, will be a great acquisition. This work is a quarterly of 200 pages, comprising original papers and a detailed analysis of researches in physiology in all parts of the world. Some of the most eminent physiologists of Europe and of this country are pledged to contribute to it. Dr. Brown-Séquard is the chief editor, MM. Robin and Tholozan assistant editors. Subscriptions are received in this country by Mr. John Penington of Philadelphia; the price is five dollars a year. We very cordially recommend the work to all interested in the subject to which it is devoted.—*Virginia Medical Journal*.

**NEW FORCEPS FOR REMOVING SUPERIOR MAXILLA.**—At a recent meeting of the New York Medical and Surgical Society, Dr. Charles Isaacs exhibited a pair of forceps which he had contrived to facilitate the removal of the superior maxilla. The instrument is a right-angled cutting forceps and is used in the following manner:

After removing a central and a lateral incisor, an incision is made backwards through the mucous membrane, crossing the hard palate a little to the left of the median line, as far as the junction of the palate plate of the upper maxilla with the palatine bone. Here the bone is perforated by a triangular punch with cutting edges, and through this opening is passed into the nasal cavity a small straight saw, which is made to cut its way outward to the alveolar process, thus severing the connection between the palate plates of the two bones. The superior maxilla is then notched vertically by a small straight saw, near its junction with the malar bone, where it is divided by a single cut of the right-angled forceps. The soft parts having been separated from the floor of the orbit, the nasal process of the superior maxilla and the connection of its orbital plate with the ethmoid are then severed by a straight cutting forceps. One blade of the right-angled forceps being then introduced into the nostril and the other into the mouth, the hard palate is divided at the left of the median line by a single clip. One more cut of the right-angled forceps separates the upper jaw from its attachment to the palatine bone, near the pterygoid process of the sphenoid. The hand or a duck-billed forceps grasping the maxilla, thus severed from its connections, removes that bone and completes the operation.

Tieman makes the instrument and sells it under the name of Isaac's right-angled forceps.—*American Journal of Dental Science.*

---

**SANITARY CUSTOMS OF THE JEWS.**—It is noticeable that in poor neighborhoods, which have been attacked by cholera, fever, small-pox and similar diseases, the Jews living there have in an extraordinary manner escaped visitation. The apparent causes of this sanitary fact are worthy of attention. 1. As regards food, it seems that even the poorest Jews are most particular in the food they eat. In obedience to the law of Moses, they use none of the blood or offal of animals; they are also particular in the choice of fish, and avoid both animals and fowls which are grossly or unwholesomely fed. 2. Intemperance in drink is rare among them, and even the very poor Jews are remarkable for their attention to moral family ties. There are, of course, exceptions, but this general characteristic is certain. 3. Their religion directs them to use great personal cleanliness. Ablutions are made before visiting the synagogues, and on other occasions. Their houses are also thoroughly cleaned at certain periods from top to bottom. All the above acts are important to health, and the good effect of attention to them is evident. The rules are so simple that they might be readily observed by the chief parts of the masses of people in the large towns, among whom this ancient race are scattered.—*Ohio Medical and Surgical Journal.*



PRIZE ESSAYS.—At the meeting of the American Medical Association, held in Nashville, Tenn., in May last, the undersigned were appointed a committee to receive and examine such voluntary communications, on subjects connected with medical science, as individuals might see fit to make, and to award two prizes of one hundred dollars each to the authors of the two best essays. Notice is hereby given, that all such communications must be sent, on or before the first day of April 1858, to Grafton Tyler, M. D., Georgetown, D. C.


Each communication must be accompanied by a sealed packet containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. Unsuccessful papers will be returned on application to the committee at any time after the first day of June 1858; and the successful ones, it is understood, will be published in the transactions of the Association.

GRAFTON TYLER, M. D.,  
J. C. HALL, M. D.,  
J. F. MAY, M. D.,  
THOMAS MILLER, M. D.,  
JOSHUA RILEY, M. D.,  
ALEX. J. SEMMES, M. D.,  
W. J. C. DUHAMEL, M. D.,

Washington, D. C., Nov. 1857.

*Committee of Prize Essays.*

HYDROCOTYLE ASIATICA.—This is the name of a new drug which has lately been much used in France in the treatment of certain cutaneous affections. The Hydrocotyle Asiatica is an umbelliferous plant, found in the Eastern portion of the Asiatic continent, and was introduced to the notice of the Imperial Academy of Medicine of Paris by M. Lépine. The action of the drug has been tested by MM. Cazenave and Devergie, of the Hospital St. Louis, who have, as far as experiments have been made, reported favorably upon its merits. The form of its administration is in granules or syrup. An hydro-alcoholic extract is obtained *in vacuum*, which prevents deterioration by atmospheric influence, as the plant itself rapidly undergoes change. It exercises a particular virtue over various cutaneous affections, particularly those of long standing and dependent on the presence of syphilitic or scrofulous taint. It has been administered with success in cases of leprosy and elephantiasis. M. Cazenave reports that its effects are remarkable and constant. It causes a considerable augmentation in the secretion of the urine, and an increase in the heat of the skin. When given in excess, it produces copious sweats, a sensation of heaviness, uneasiness and giddiness of the head. We believe that little notice has as yet been taken of this new medicine in this country. Mr. Price, however, has been trying its efficacy at the Great Northern Hospital, and also at the Blenheim Free Dispensary, and has found that benefit has certainly followed its use in some instances of obstinate syphilitic eruptions and in chronic eczemas. The preparations are to be obtained of Messrs. Savory & Moore, of New Bond Street.—*Lancet*.

 It is claimed for Dr. Fell that the method of applying his caustics for the cure of cancer is original. Our readers will remember that his caustic preparation is chloride of zinc mixed with barley flour and powdered blood-root. It therefore remains true that either his method of application is new, or that nothing is, and as the Middlesex Hospital Surgeons have taken refuge behind the assertion of its novelty, we rather regret that it is not so. At any rate, Dr. Fell has no title to originality in the matter. Precisely the same thing has been done in this city a great many times by a cancer doctor named Gilbert. His method, as described by patients, was to make incisions into the tumor, and to apply a paste precisely similar in its appearance and effects to that which Fell uses. In two of Gilbert's cases it became necessary for surgeons to secure large arteries which had been divided by the caustic, and to the imminent danger of the patient. We have in vain sought for a single case which was cured by this method.

Apropos of Fell, it may interest his British friends to know that he was more prominent here as a small politician in the eighth ward, than as a medical man. Becoming disgusted with his want of success in practice, he learned of Gilbert his method of treating cancer, and went to Europe on a speculating tour, which has been vastly more successful than we should have thought possible. It puzzles us that he should have worked his way into such professional circles.—*American Medical Monthly*.

---

HOMŒOPATHY.—While in portions of this country many of our most intelligent communities are almost run mad on the subject of homœopathy, the miserable delusion has sunk down, down, down in Europe, the place of its birth. This is but in conformity with our position in relation to the Paris fashions. When we are all agog with large bonnets here, the ladies of Paris are fast cutting theirs down to legitimate nothingness; and now that hoops and crinoline are in full blast with us, there is no doubt that Paris ladies are subsiding gradually into natural proportions. Homœopathy is as strictly a fashion as bonnets, hoops or crinoline, and we look forward to its certain decadence in the United States. In Europe it is going out of fa-bion, consequently we know its fate on this side of the water. Indeed, we see the evidences of this in our daily walks through life. The people are returning to their senses, even if they are to be carried away by the next medical mode.—*N. O. Med. News & Hosp. G.*

---

A DISH FOR INVALIDS.—Sterne, in a postscript to one of his letters from Montpellier, tells his friend: "My physicians have almost poisoned me with what they call *bouillons rafraichissants*. It is a cock flayed alive and boiled with poppy seeds, then pounded in a mortar, and afterward passed through a sieve. There is to be one crawfish in it, and I was gravely told it must be a male one; a female would do me far more hurt than good."



# THE PENINSULAR JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

---

VOL. V.

MARCH, 1858.

NO. IX.

---

## ORIGINAL COMMUNICATIONS.

---

### ARTICLE I.

---

*Annual Address to the Michigan State Medical Society for the year 1858, by N. D. STEBBINS, M. D., on his Retirement from the Office of President.*

---

GENTLEMEN:—

The finale of my term of office imposes upon me a duty which I shall attempt with much diffidence to fulfill—that of formally addressing the embodiment of the Medical Faculty of the State of Michigan, embracing, as it does, the talent and learning of the Medical Faculty of our State University. To do justice to the subject which naturally falls within the scope of a discourse on an occasion like this, requires a better disciplined mind for such duties than I can pretend to claim.

The subject which I have chosen, is, “*Medicine an Inductive Science, and Hippocrates the Father of Inductive Science.*”

“Medicine,” says the Father of Medicine, (so called by Celsus,) “is of all arts the most noble.” Its aims are to relieve physical and moral suffering, arising from almost every variety of causation. The field or domain of its labors extends to every human being; its researches are carried into every department of knowledge which is conducive to the health and happiness of man.

In whatever avenue the student of medicine may pursue his researches, it will be found to be of a progressive character. Every step in his course has the evidence of experience and observation for

its basis, and every such step thus planted places medicine among the fixed sciences on inductive principles. Physiology, pathology, materia medica and chemistry are eminently of this character.

Medicine has never laid any claim to perfection; its votaries have ever been modest in their pretensions. Perfection in any one of the many paths which are all necessary to be traveled over for the purpose of being competent to treat successfully the ills of man, finds its limits only in wisdom, knowledge and prescience, equal to those of the Supreme Being. A Heathen poet says:

“Th’ entire of things, then, bounds can never know,  
Else parts possess of farthest and extreme.”  
“Ask thy own reason. It will prove at once  
Th’ entire of nature never can have bounds.”

*(Jno. Mason Good’s Translation of Lucretius.)*

It is more than probable that it was this view of the subject which led Dr. Thos. Dick to believe that the study of anatomy and physiology would be a part of the employment of celestial beings, as may be found in his work on the future state.

Although we may never expect to reach the infinite perfection of medical science, still an open scene is before us; new objects are presented to the mind in our progress, full of interest, to be observed with care and made subservient to the relief of human suffering.

The science of medicine, although in a state of imperfection and by many thrown outside of the fixed sciences, stands on the same basis with the other professions, the truth of which is acknowledged by their members. As for example in theology, a late writer (in a work entitled “Key to the Bible,” p. 8,) quotes from Prof. Moses Stewart the following: “The hope may be rationally indulged that at some future day hermeneutics will be a science as definite and as well discriminated, as most other sciences which have been long taught as complete.” Then again on p. 319, he says: “The want of logical method is what we deplore. It is against a fragmentary and mere rudimental system that we protest,” &c. The confession made by this late writer (the Rev. Mr. Dobie) and Prof. Stewart, in view of the present state of theological science, clearly indicates its incompleteness.

The legal profession we find by consulting the *Encyclopedia Americana*, have as little reason to boast of the perfection of their science. The writer in the work referred to says, that there have arisen four different schools in the science of law, each differing from the others in the settlement of fundamental principles in jurisprudence,



and it appears that works on common law are unsatisfactory in their testimony and reasoning for the settlement of every question coming up for the decision of courts of justice. The writer says: "What is to be done in the common law when there are conflicting decisions on some point, or converging series of opposite doctrines approaching towards a conflict?" In view of the present state of things in legal science the writer says: "While man remains as he is, his powers and capacities and acts must be *forever imperfect*." Examples of this imperfection might be multiplied; I content myself with citing that of the Supreme Court of this State, which in 1853 was equally divided as to the constitutionality of the Maine Law; and also that of the U. S. Supreme Court in the celebrated Dred Scott decision, where Common Law with the aid of the Statute Law failed to unite the bench of judges in their decision of a most vitally important question. Numerous other cases may be found on record of the same import—recorded, as Lord Bacon says, "in the wisdom of lawyers, who are careful to report new cases and decisions for the direction of future judgments."

The past history of medicine shows a gradual development from the first dawn of its existence as a science. This fact we may learn by consulting Lord Bacon who says: "First logic doth not pretend to invent sciences, or the axioms of sciences, but passeth it over with a *cuique in sua arte credendum*." And Celsus acknowledgeth it, gravely speaking of the empirical and dogmatical sects of physicians, "that medicines and cures were first found out, and thereafter the reasons and causes were discoursed; and not the causes first found out, and by light from them the medicines and cures discovered."

During the mediæval age it was beclouded by a long night—by the mists of superstition, religious intolerance and ignorance. The few learned and the scholastics, adopted the logical definitions and distinctions, or the syllogistic form of demonstration of Aristotle—a philosophy which had been incorporated into the works of Galen, being the only works which were consulted by the practitioners of that age, with few exceptions, and these mostly among the Arabians. And the philosophy of Pythagoras was said to be "a key to the pretended occult sciences, the reign of which extended down even as far as the close of the eighteenth century."

A happy era dawned upon medicine when the Turks invaded Europe (May 29th, 1453,) and sacked the city of Constantinople. The monks fled at this time to Rome, carrying with them the works of Hippocrates which had lain slumbering in convents and hid from

the profession of medicine during these dark ages in the history of our world, which led Lord Bacon to give (*Advancement of Learning*, A. D. 1561) as a reason why medicine had failed to advance as a science, as follows: "The first is the discontinuance of the ancient and serious diligence of Hippocrates, which used to set down a narrative of the special cases of his patients, and how they proceeded, and how they were judged by recovery or death. This continuance of medicinal history I find deficient."

The bringing to light of the works of Hippocrates at the time of the revival of letters, gave a new impulse to the science of medicine. Such was the merit of his works, that it was made the duty of physicians to understand the Greek language for the purpose of consulting them. Says Dr. J. Watts (*Improvement of the Mind*): "Physicians should be skilled in the Greek as well as Latin, because their great master Hippocrates wrote in that tongue, and his writings are still of good value and use." (A. D. 1748.) The frequent quotations which are made by the authors on medicine during the sixteenth and seventeenth centuries from the works of Hippocrates, are sufficient to warrant the assertion that medicine received from his works an inductive course of thought and action which has continued to the present time, and that in many respects it may claim a place among the fixed sciences. And we may add that the best contributors to natural history are found in the medical profession at the present day.

In the examination of the evidence to prove that Hippocrates is the Father of Inductive Science, we shall quote largely from his works, as translated by Francis Adams, M. D., for the Sydenham Society of London, said to be as literal as can be made. And in addition a free use will be made of the works of Lord Francis Bacon, who is the reputed Father of Inductive Philosophy. We will quote from section 73 and 117 of his *Organon*, for a better understanding of his method of reasoning and his opinion of the comparative merits of the Grecian philosophers:

"Now from the systems of the Greeks and their subordinate divisions in particular branches of the sciences during so long a period, *scarcely one single experiment* can be culled that has a tendency to *elevate or assist mankind*, and can fairly be set down to the speculations and doctrines of their philosophy. Celsus (who wrote during the Augustan age) candidly and wisely confesses as much, when he observes that experiments were first discovered in medicine, and that men afterwards built their philosophical systems upon them, and searched for and assigned causes, instead of the inverse method of



discovering and deriving experiments from philosophy and the knowledge of causes." Then he says: "Our course and method, however, as we have often said and again repeat, is such as not to deduce effects from effects, nor experiments from experiments, (as the empirics do,) but in our capacity as legitimate interpreters of nature, to deduce causes and axioms from effects and experiments, and new effects and experiments from these causes and axioms." Celsus is here quoted as a precedent by Lord Bacon for his system of philosophy.

The prerequisites for a practitioner in medicine, as given by Hippocrates in his work entitled "The Law," assumes the same course for thought and duty. He says: "Whoever is to acquire a competent knowledge of medicine, ought to be possessed of the following advantages: a natural disposition, instruction, a favorable position for the study, early tuition, love of labor, leisure. First of all a natural talent is required, for, when nature opposes, every thing else is vain; but when nature leads the way to what is most excellent, instruction in the art takes place, which the student must try to appropriate to himself by reflection, becoming an early pupil in a place adapted for instruction. (Probably having in his eye his school on the Island of Cos.) He must bring to the task a love of labor and perseverance, so that the instruction taking root may bring forth proper and abundant fruits. Having brought all these requisites to the study of medicine, and having acquired a true knowledge of it, we shall be esteemed physicians, not only in name, but in reality. But inexperience is a bad treasure and a bad fund to those who possess it, whether in opinion or reality, being devoid of self-reliance and contentedness, and the nurse both of timidity and audacity; for timidity betrays a want of power, and audacity a want of skill. There are, indeed, two things, knowledge and opinion, of which the one makes its possessor really to know, the other to be ignorant."

Here we observe clearly inculcated that kind of knowledge necessary for a successful physician—experience with the aid of both talent and labor, with the advantages of the best instruction, bringing to view the germ of inductive philosophy.

At this period of time, being over 400 B. C., the philosophy of Pythagoras bore its sway among the Grecian philosophers, and had been taught by its author about a century before. The influence which his doctrines had on medicine, in connexion with the dogmas of other philosophers of this age, made it the first object of Hippocrates to break off their claims. Celsus in his preface to his eight books on medicine says, that "Hippocrates was the first worthy of

memory who separated this science from philosophy—a man not less admired for his skill in this art, than in that of eloquence.” Or, as Shulze contends in his History of Medicine, “that what Celsus meant was, that Hippocrates discarded *a priori* arguments in medicine, and drew all his inferences from actual observation.”

A short extract from Plato's *Timæus* will present a condensed view of the philosophy of Socrates and that of Pythagoras, which has a bearing upon medicine.

“When the Creator undertook to arrange the universe, he first gave shapes with forms and numbers to fire and earth, water and air, (Pythagorean Ed.) which possessed indeed certain traces of their true essence, though, nevertheless, wholly so situated as every thing would probably be in the absence of its God. And let us above all things hold and ever hold, that the Deity made them as far as possible the most beautiful and the best, when before they were in a totally different condition,” &c.

Sec. 28. “First, then, that fire and earth, water and air are bodies, is evident surely to every one. But every species of body possesses solidity, and every solid must necessarily be contained in planes; and a base formed of a perfectly plane surface is composed of triangles. But all triangles are originally of two kinds, each of them having one angle a right angle and the two others acute; and one of these has an equal part of a right angle divided by the equal sides, while in the other two unequal parts of a right angle are divided by the unequal sides. This, then, we lay down according both to probability and necessity, as the origin and principle of fire and all other bodies; but as for the heavenly principles thereof, those, indeed, are known only to the Deity, and to those among men who enjoy God's favor,” &c. This triangular hypothesis is Pythagorean.

In Sec. 67 he says: “When the body, therefore, is naturally diseased by an excess of fire, it then labors under continued burnings and fever; but when through excess of air, under quotidian fevers; under tertian through water, because water is less active than fire and air; and under quartan through excess of earth, for earth being of all of them the least active, becomes purified in quadruple periods of time, and hence introduces quartan fevers which are with difficulty dispelled.”

He says of the soul: “We must admit that the disease of the soul is folly or a privation of intellect, and that there are two kinds of folly: the one madness, the other ignorance.”

Sec. 69. “When a body that is large and superior to the soul in



power, is joined with a small and weak intellect,—there being naturally two classes of desires in man, one of aliment on account of the body, the other of wisdom for the sake of our most divine part,—in this case the motions of the more powerful prevailing and enlarging what is their own, but making the reflective part of the soul deaf, indocile and oblivious, thus induce ignorance—the greatest of all diseases.” From this theory probably the old adage arose: “Little head little wit, big head not a bit.”

Having given a synopsis of the prevailing doctrines which Hippocrates had to meet with, and to separate from and destroy their influence over medicine, we shall now quote from his works to show his method of reasoning. In his work “Ancient Medicine,” Sec. 20, he says:

“Certain sophists and physicians say that it is not possible for any one to know medicine who does not know what man is, (and how he was made and how constructed,) and that whoever would cure men properly, must learn this in the first place. But this saying rather appertains to philosophy, as Empedocles, a Pythagorean practitioner of Agrigentum, and certain have described what man in his origin is, and how he first was made and constructed. But I think whatever such has been said or written, by sophist or physician, concerning nature, has less connexion with the art of medicine than with the art of painting. And I think one cannot know anything certain respecting nature from any other quarter than from medicine, and that this knowledge is to be attained when one comprehends the whole subject of medicine properly, but not until then; and I say that this history shows what man is, by what causes he was made, and other things accurately—wherefore it appears to me necessary to every physician to be *skilled in nature*.”

He then for an example and proof of his position makes mention of a fact well known to all observers—that cheese is an article of diet. While it naturally agrees with some and is easily digested, “imparting strength to the body,” in other cases, “their constitutions are different,” and as he says “differ in this respect, what in their body is incompatible with cheese is roused and put in commotion by such a thing,” &c.; and the stronger this constitutional propensity, the more intense the suffering. From this example we have his definition of what it is to be “skilled in nature,” and one of the means for comprehending the art of medicine and the true knowledge of man.

Our author by this illustration evidently opposes all *a priori* arguments in medicine, and by calling attention to the idiosyncrasies of

our nature, he argues that a knowledge from actual observation and experience should be the guide in the treatment of disease.

In Sec. 13 he refutes the hypothesis of cold, heat, moist and dry as causes of disease—a common opinion among the ancients at that time, and advocated by Plato (see *Timæus*, Sec. 63 and 67), making all causes of disease to consist in realities, and not in vague abstractions. He says: “I wish the discourse to revert to the new method of those who prosecute their inquiries in the art by hypothesis; for if hot, or cold, or moist, or dry, be that which proves injurious to man, and if the person who would treat him properly must apply cold to the hot, hot to the cold, moist to the dry, and dry to the moist,” &c.

He shows the fallacy of this reasoning by giving a familiar example on supposition. If we give a man food in a raw state, for instance wheat, raw meat and water, a diet of this kind would derange the stomach and bowels and cause disease. Then the cure, he says, must be plain to every one—that the contrary must be pursued, that is a diet prepared by cookery and beverage of wine. This course, he says, will effect a cure, if there has not a disorganization taken place. Then he asks the question, which of the four principles cure the patient. He thinks it would be a puzzle for any one to say that either hot or cold, dry or moist, effected a cure; for in the preparation of the food most, if not all, these principles were necessarily in existence. For, he says, as far as he knows, neither “of these principles have ever been found unmixed with any other quality.”

By consulting Watson's *Practice of Medicine* at pp. 932 and 933, we shall find an account showing the similarity which exists in the doctrine of fever, as held by Hippocrates and the celebrated Chemist Liebig of the nineteenth century.

After Hippocrates had separated philosophy from medicine, he had another task to perform, equally an incubus on medicine, as is well known at the present day. We refer to superstition, or supernatural and mystical causes of disease, and cures effected by similar means. We find him combating those who hold to supernatural causes of disease, and at the same time exposing them to ridicule as charlatans or cheats. This will be found in his work called “*Sacred Disease*,” a disease supposed to be sent by the anger of the Gods. Plato held the same opinion. (See *Timæus*, Sec. 66.) This disease is supposed to be the same now called epilepsy. He commences his argument as follows:

“It is thus with regard to the disease called Sacred. It appears to me to be nowise more divine, nor more sacred than other diseases,



but has a natural cause from which it originates, like other affections. Men regard its nature and cause as divine from ignorance and wonder, because it is not at all like to other diseases; and this notion of its divinity is kept up by their inability to comprehend it, and the simplicity of the mode by which it is cured, for men are freed from it by purifications and incantations. But if it is reckoned divine, because it is wonderful, instead of one there are many diseases which would be sacred; for, as I will show, there are others no less wonderful and prodigious, which nobody imagines to be sacred. The quotidian, tertian and quartan fevers seem to me no less sacred and divine in their origin than this disease, although they are not reckoned so wonderful. And I see men become mad and demented from no manifest cause, and at the same time doing many things out of place. And I have known many persons in sleep groaning and crying out, some in a state of suffocation, some jumping up and fleeing out of doors, and deprived of their reason until they awaken, and afterwards becoming well and rational as before, although they be pale and weak; and this will happen not once, but frequently."

He then proceeds to show that those physicians who hold these opinions and pretend to cure this disease by incantations and purifications, are conjurers, purificators, mountebanks and charlatans. For proof of this statement he mentions their treatment of such cases besides the mystical means, (which very much reminds us of the system of homœopathy and spiritualism of our day). He says, they forbade the use of every stimulating and indigestible article of diet, showing conclusively that this course was founded on experience and reason. Then he proceeds to show their impiety and hypocrisy by showing that, if they were cured by these means, that is by regulating their regimen, &c., it was done in spite of the Gods, or if an improper diet should be given, the disease would be prolonged and made worse than the Gods had intended, in this way assuming to have more power than the Gods. But in case of a failure to cure, they, for the purpose of saving themselves from reproach, from some particular signs charged it upon some one of the Gods. For example, if the patient "speak in a sharp and more intense tone, they resemble this state to a horse, and say that Posidon (Neptune) is the cause." This he considers contrary to the dignity and benevolence or character of the Gods. He says, the opinion is unworthy that the most impure (meaning man) should be polluted by the most holy (God).

Another reason given to prove that a God is not the cause of this disease, is, he says, "its origin is hereditary like that of other dis-

eases." "And another great proof that it is in nothing more divine than other diseases, is, that it occurs in those of a phlegmatic constitution, but does not attack the bilious. Yet if it were more divine than the others, this disease ought to befall all alike and make no distinction between the bilious and phlegmatic. *But in them the brain is the cause of this affection*, as it is of other very great diseases," &c. He goes on to argue from natural causes that it is a disease of the brain. He notices the immunity from this disease in children who are afflicted with "an eruption of ulcers on the head, on the ears and along the rest of the body, with copious discharges of saliva and mucus." He argues the case by analogy in comparative anatomy. The Greeks considered man as too divine for dissection. Hippocrates examined the heads of animals who died with this disease. "This (he says) you may ascertain in particular from beasts of the flock which are seized with this disease, and more especially goats, for they are most frequently attacked with it. If you will cut open the head, you will find the brain humid, full of sweat, and having a bad smell. And in this way truly you may see that it is not God that injures the body, but disease. And so it is with man."

On this subject Lord Bacon says, (Organon, Sec. 65, B. 1,) that "the corruption of philosophy, by mixing of it up with superstition and theology, is of a much wider extent and is most injurious to it, both as a whole and in parts; for the human understanding is no less exposed to the impressions of fancy, than to those of vulgar notions. The disputations and sophistic school entrap the understanding, whilst the fanciful, bombastic and, as it were, poetical school rather flatters it. There is a clear example of this among the Greeks, especially in Pythagoras, where, however, the superstition is coarse and overcharged; but it is more dangerous and refined in Plato and his school." Then in Sec. 46: "All superstition is much the same, whether it be that of astrology, dreams, omens, retributive judgment or the like; in all of which the deluded believers observe events which are fulfilled, but neglect and pass over their failure, though it be much more common. But this evil insinuates itself still more craftily in philosophy and the sciences, in which a settled maxim vitiates and governs every other circumstance, though the latter be much more worthy of confidence." And strange to say that this same Lord Verulam, history says, was a believer in the hand of the exorcist, charms and amulets for the cure of disease. Such has been the history of every age of the world—the learned, the great and the good



of every profession, except medicine, have lent their influence to the dogma of supernatural causes of disease and in some mysterious, irrational agent for its cure. The friends of medicine from the days of Hippocrates have steadily opposed every thing of the kind, and to a degree that the profession has been stigmatised on that account as infidel in sentiment to the Christian religion.

In his first book on epidemics Hippocrates gives his opinion of the learning and talent which is requisite for a competent physician to be able to do his duty, and as we shall learn experimental philosophy is his guide. Sec. 5 he says: "The physician must be able to tell the antecedents, to know the present and foretell the future—must meditate these things and have two special objects in view with regard to disease, namely, to do good or to do no harm. The art consists in three things—the disease, the patient and the physician. The physician is the servant of the art, and the patient must combat the disease along with the physician." Then in his first aphorism, B. 1, he says: "Life is short and the art long, the occasion fleeting, experience fallacious and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants and externals co-operate." We think these rules prove Hippocrates a reflective and practical philosopher.

In his book on prognostics we find him pursuing the same channel of reasoning. Semeiology, one of the branches of pathology, is drawn from a comparison of disease with health. His term prognosis includes both prognosis and diagnosis. His translator asks: "Did not the ancient physicians follow the best possible plan, when they first described the general phenomena of diseased action and then applied to particular cases? Surely they did right in first taking a comprehensive view of the whole subject of disease, before attempting to examine the different parts of it in detail. This, in fact, constitutes the great superiority of the ancient *savans* over the modern, that the former possessed a much greater talent for apprehending general truths than the latter, who confine their attention to particular facts and too much neglect the observation of general appearances. Surely then we might gain a useful lesson by endeavoring to combine their comprehensive views with our own more accurate and minute observation."

It was on account of this species of observation and generalizing that, although ignorant of anatomy and physiology, his conclusions were almost invariably right. We have the strongest evidence of this in "The Book of Prognostics." He commences Sec. 1 by saying that

"it appears to me a most excellent thing for the physician to cultivate prognosis," which in this work includes diagnosis.

Sec. 2. "He (the physician) should observe thus in acute diseases: first, the countenance of the patient, if it be like those of persons in health, and more so if like itself, for this is the best of all, whereas the most opposite to it is the worst, such as the following: *a sharp nose, hollow eyes, collapsed temples; the ears cold, contracted and their lobes turned out; the skin about the forehead being rough, distended and parched; the color of the whole face being green, black, livid and lead-colored.*" He says, if there is not some cause like that of a want of sleep or rest, or food, or looseness of the bowels, or something of the kind, to give rise to this class of symptoms, it is to be known for certainty that death is at hand. But he says, it is well when the patient is found lying upon his side, having his hands, neck and legs slightly bent, and the whole body in a relaxed condition, because this was the natural position in health. But if the patient was found lying upon the back, hands, neck and legs extended, less favorable. In pneumonia, if the patient wished to get in an erect position, it was unfavorable.

Respecting the movement of the hands he says: "When in acute fevers, pneumonia, phrenitis or headache, the hands are waved before the face, hunting through empty space as if gathering bits of straw, picking the nap from the coverlet, or tearing chaff from the wall—all such symptoms are bad and deadly."

So he passes on to notice respiration and sweats. He says, one ought to know the entire character of sweats, for some are connected with prostration of strength in the body and some with intensity of the inflammation. He goes on to give the prognosis of the different states of the hypochondrium, from pain and swelling, and dropsies arising from acute diseases, sleep, character of the alvine dejections, urine, vomiting, expectoration in pneumonia, and the symptoms which are favorable and unfavorable, and so of arthritic fevers, &c. Finally he says: "He who would know correctly before hand those that will recover and those that will die, and in what cases the disease will be protracted for many days, and in what cases for a shorter time, must be able to form a judgment from having made himself acquainted with all the symptoms, and estimating their powers in comparison with one another, as has been described with regard to the others, and the urine and sputa, as when the patient coughs up pus and bile together. One ought also to consider promptly the influx of epidemical diseases and the constitution of the season," &c.



In his work on "Regimen in Acute Diseases" he opposes the nosology of the Cnidian School. It is an interesting argument on account of the courtesy with which he treats this rival school, as well as his aim to relieve medicine from unnecessary embarrassments, by the use of terms and names which were calculated to lead the physician astray from his first and fundamental duty, of observing nature as manifested in disease in all its various changes, and from the true course of generalizing all the phenomena of diseased action, so as to be able fully to comprehend and to understand the diagnosis of disease, and in this way to mislead the physician in his treatment, and especially important on account of those diseases by which the greater number of the human family fall a victim, and modestly urges the use of the terms made use of by the ancients, instead of his own. We have the germ of pathological science brought to view in this work.

Galen says, the Cnidian School described seven species of diseased bile, twelve diseases of the bladder, four of the kidney, four of stranguary, four species of tetanus, four of jaundice and three species of phthisis. Hippocrates says: "Some of them, indeed, were not ignorant of the many varieties of each complaint and their manifold divisions; but when they wish to tell clearly the numbers (species?) of each disease, they do not write correctly, for their species would be almost innumerable, if every symptom experienced by the patients were held to constitute a disease and receive a different name. For my part, I approve of paying attention to every thing relating to the art, and that those things which can be done well or properly, should all be done quickly; such as can be performed without pain, should be done with the least possible pain; and that all other things of the like kind should be done better than they could be managed by the attendants. But I would more especially commend the physician who in acute diseases, by which the bulk of mankind are cut off, conducts the treatment better than others. Acute diseases are those which the ancients named pleurisy, pneumonia, phrenitis, lethargy, causus and other diseases allied to these, including continued fevers. For unless some general form of pestilential disease is epidemic, and diseases are sporadic and (not) of a similar character, there are more deaths from these diseases than from all the others taken together."

For diet he recommends for the sick a ptisan, to be made from the best barley well boiled, if it is not strained; "for that which is well boiled is very lubriant, excellent for quenching thirst, of very easy digestion and very weak, all which qualities are wanted." In acute diseases it should be used with caution.

In pleurisy and peripneumonia he recommends venesection to bring on deliquium animi, and followed by a clyster; a mixture composed of black hellebore with carrot, or seseli, or cummin, or anise, or any other of the fragrant cathartic herbs, evidently for the purpose of modifying the effects of a drastic; for the pain in the side, if it persists, warm fomentations, hot water in a bottle, or bladder of hot water. He recommends hydromel, (honey and water boiled together,) because, he says, it is "a moderate expectorant and alleviates cough, for it has some detergent quality in it whence it lubricates the sputum moderately diuretic." He says: "You will find the drink called oxymel (honey and vinegar boiled) often very useful in these complaints, for it promotes expectoration and freedom from breathing." He speaks of "the bath as useful in many diseases," and the *douche* of various temperatures, as the circumstances may require.

In these extracts we must notice large experience—in his recommendation for blood-letting and the direction for cathartics to be administered afterwards. In addition to this, being ignorant of the circulation of the blood, he carefully examined the respiratory action, as well as the secretions and excretions, which led to a correct diagnosis and treatment.

In Hippocrates' work on "Airs, Waters and Places" the mind is directed in the same channel of accurate observation, and collecting all the phenomena, facts and circumstances which may be the cause of disease. This work contains the germ of the science of meteorology, public hygiene and political economy. He says: "Whoever wishes to investigate medicine properly, should proceed thus: in the first place to consider the seasons of the year, and what effects each of them produces; for they are not at all alike, but differ much from themselves in regard to their changes. Then the winds, the hot and the cold, especially such as are common to all countries, and then such as are peculiar to each locality. We must consider the quality of the waters, for as they differ from one another in taste and weight, so also do they differ much in their qualities." Then he urges an observance of the locality of a city—whether to the North or South in relation to the sun's rising and setting, as well as the quality of the water, whether from marshes, soft or hard, and to observe the country, whether well wooded or otherwise, the pursuits of the inhabitants, habits in eating and drinking, &c.

Then he says: "Having made these investigations and knowing beforehand the seasons, such a one must be acquainted with each particular and must succeed in the preservation of health, and be by



no means unsuccessful in the practice of his art. And if it shall be thought that these things belong rather to meteorology, it will be admitted, on second thought, that astronomy, winds, &c., contribute not a little, but a very great deal, indeed, to medicine; for with the seasons the digestive organs of men undergo a change." He then gives examples of cities lying in different exposures to the sun and the different winds, and the natural effect it has on the constitution of the inhabitants, and the formation of their habits, physical and moral, and the diseases naturally incident to such places during the different seasons of the year.

We find the germ of inductive philosophy, both for the physician and political economist especially, when we look still further in this work. We find him describing the effects of different kinds of water on the system, as snow water, rain water and the different kinds of water coming from the earth, and the influence of the soil on water. As for instance he says: "Men become affected with the stone and are seized with diseases of the kidneys, strangury, sciatica, and become ruptured when they drink all sorts of water, and those from great rivers into which other rivulets run, or from a lake into which many streams of all sorts flow, and such as are brought from a considerable distance. There must be deposits of mud and sand in the vessels from such waters, and the aforesaid diseases must be engendered by them when drunk."

In pursuing his subject, he treats of the influence of the seasons under their different meteorological character. He says for example: "And respecting the seasons, one may judge whether the year will prove sickly or healthy from the following observations: If the appearances connected with the rising and setting stars be as they should be, if there be rains in autumn, if the winter be mild, neither very tepid nor unseasonably cold, and if in the spring the rains be seasonable, and so also in summer, the year is likely to prove healthy," &c. Then he passes on to speak of different kinds of seasons and the diseases naturally incident to these changes.

He then mentions the difference which exists among the inhabitants of the two countries, of Asia and Europe, on account of climate and local government. He says: "I wish to show, respecting Asia and Europe, how in all respects they differ from one another, and concerning the figure of the inhabitants, for they are different and do not resemble one another. For every thing is produced much more beautiful and large in Asia; the country is milder and the disposition of the inhabitants also are more gentle and affectionate. The cause

of this is the temperature of the seasons, &c. The inhabitants, too, are well fed, most beautiful in shape, of large stature, &c. Manly courage, endurance of suffering, laborious enterprise and high spirit could not be produced in such a state of things, either among the native inhabitants or those of a different country, for there pleasure necessarily reigns," &c.

We find him speaking of the influence of government on the character of nations. Sec. 16 he says: "And with regard to the pusillanimity and cowardice of the inhabitants (of Asia), the principal reason why the Asiatics are more unwarlike and of a more gentle disposition than the Europeans, is the nature of the seasons which do not undergo any great change, either of heat or cold, or the like; for there is neither excitement of the understanding nor any strong change of the body by which the temper might be ruffled and they be roused to inconsiderate emotion and passion, rather than living as they do always in the same state. It is changes of all kinds which arouse the understanding of mankind and do not allow them to get into a torpid condition. For these reasons it appears to me the Asiatic race is feeble, and further, owing to their laws; for monarchy prevails in the greater part of Asia, and where men are not their own masters, nor independent, but are the slaves of others, it is not a matter of consideration with them, how they may acquire military discipline, but how they may seem not to be warlike; for the dangers are not equally shared since they must serve as soldiers, perhaps endure fatigue, and die for their masters, far from their children, their wives and other friends; and whatever noble and manly actions they may perform, lead only to the aggrandizement of their masters, whilst the fruits which they reap are dangers and death; and in addition to all this, the lands of such persons must be laid waste by the enemy and want of culture. (The battle of Salamis is the best practical proof of our author's reflections. Trans.) Thus, then, if any one be naturally warlike and courageous, his disposition will be changed by the institutions. As a strong proof of all this, such Greeks or Barbarians in Asia as are not under a despotic form of government, but are independent and enjoy the fruits of their own labors, are of all others the most warlike, for these encounter dangers on their own account, bear the prizes of their own valor, and in like manner endure punishment of their own cowardice. And you will find the Asiatics different from one another, for some are better, and others more dastardly; of these differences, as I stated before, the changes of the seasons are the cause. Thus it is with Asia."



For proof of his love of country and patriotism, we will quote a remark in Plutarch's life of Cato the Censor. He says: "Nor was Cato an enemy to the Grecian physicians only, but looked upon the physicians also with a suspicious eye. He had heard, it seems, of the answer which Hippocrates gave the King of Persia, when he sent for him and offered him a reward of many talents: 'I will never make use of my art in favor of Barbarians who are enemies of the Greeks.' This he had said was an oath which all the physicians had taken, and therefore he advised his son to beware of them all." A legacy left for the profession which rarely, if ever, has been violated.

Says Renouard in his History of Medicine relative to this work: "The author there explains methodically and on the authority of his experience the influence of climates, seasons and various topographical circumstances on the constitution of man." He adds that "it contains the germ of two modern productions justly regarded as *chefs d'oeuvre*—the "Spirit of Laws" by Montesquieu, and the "Relation of the Moral and Physical Man" by Cabanis."

In his work on epidemics we have a continuation of his faithfully observing and noting down the various effects on health and disease, which are occasioned by the different character of the seasons in different years. We find him recording of this kind four different years, under which he styles them constitutions. He minutely and graphically records the various changes of the weather, winds, &c., which occurred during the period of every season of the year, and the diseases as well as their character for mildness or severity which prevailed at the different seasons. He adds: "With regard to diseases, the circumstances from which we form a judgment of them, are by attending to the general nature of all and the peculiar nature of each individual; to the disease, the patient and the applications; to the person who applies them, as that makes a difference for better or for worse; to the whole constitution of the season, and particularly to the state of the heavens and the nature of each country; to the patient's habits, regimen and pursuits; to his conversation, manners, taciturnity, thoughts, sleep or absence of sleep, and sometimes his dreams, what and when they occur; to his picking and scratching; to his tears; to the alvine discharges, urine, sputa and vomitings; to the changes of diseases from the one into the other; to the deposits, whether of a deadly or critical character; to the sweat, coldness, rigor, cough, sneezing, hiccup, respiration, eructation, flatulence, whether passed silently or with a noise; to hemorrhages and hemorrhoids—from these and their consequences we must form our judgment."

Rarely can we find a more comprehensive and concise "enumeration of all the circumstances upon which the prognosis and diagnosis of diseases are to be founded."

"It has been thought rather remarkable that Hippocrates in his narrative of cases has said very little in regard to his treatment. The routine of practice being generally understood, it is more than probable that he considered that the reported cases for the purpose of establishing a correct prognosis and diagnosis of disease, is well to be better able to understand its nature in a pathological sense; and what is remarkable, we find many at the present time pursuing a similar course. (See Louis on consumption, Ambrosius on diseases of the brain, &c.)"—*Note to Epidemics.*

The aphorisms of Hippocrates give a comprehensive and condensed view of his experience and observation, deduced in the form of conclusive truisms on general principles, in which we have the evidence of the severest inductive process of procedure. Who will doubt his 43d Aph. 5th B., where he says: "If crysipelas of the womb seize a woman with child, it will probably prove fatal." In his 22d Aph. 2d B., we have his celebrated general law of cure. He says: "Diseases which arise from repletion, are cured by depletion, and those that arise from depletion are cured by repletion; and in general, diseases are cured by their contraries." Aph. 33 B. 2, he says: "In every disease it is a good sign when the patient's intellect is sound, and he is disposed to take whatever food is offered to him; but the contrary is bad." Aph. 34 *ibid.*: "In diseases there is less danger when the disease is one to which the patient's constitution, habit, age and the season are allied, than when it is one to which they are not allied." For example, diseases of children are more dangerous when they attack the aged, than when they attack the young; and summer diseases which occur in winter are more dangerous, than when they occur in summer—the result of much reflection and observation. Lord Bacon calls this 34th Aph. "in morbis minus," and says it "is a good and profound aphorism." (*Nat. Hist. Sec. 64*)

The 52d Aph. 2d B. gives ample proof that Hippocrates' system of treatment was founded in reason, and not empirical. It reads thus: "When doing every thing according to indication, although things may not turn out agreeably to indication, we should not change to another, while the original appearances remain." Another aphorism of a similar character, in which it appears that Hippocrates made "diagnosis the foundation of therapeutics," is found in the 6th B. 5th Aph.: "It deserves to be considered whether the pains in the



sides and in the breasts, and in the other parts, differ much from one another." A "classification of the remedial means used in the practice of medicine," we find in the 87th Aph. B. 7 as follows: "Those diseases which medicines do not cure, iron (the knife) cures; those which iron cannot cure, fire cures; and those which fire cannot cure, are to be reckoned wholly incurable." This aphorism has been doubted as genuine; but one thing is certain, Hippocrates was familiar with each of the modes of cure. Whoever will examine still further than we are able at this time to do, his works on surgery, cannot doubt the truth of this remark.

We have made these extended quotations from what are considered the genuine works of Hippocrates, for the purpose of letting him speak for himself in proof of his system of medicine, being based upon principles "deduced from facts, founded in accurate observation, judicious experiment and cautious induction." He relieved medicine from speculative and mystical philosophy and superstition, and made its philosophy to teach the connexion which exists between cause and effect, and to make facts in its hypothesis to teach principles. When we take into notice that the religious respect for the dead among the Greeks interdicted the dissection of the human body, it will not lessen our exalted opinion of Hippocrates, even if he shows a want of anatomical knowledge. His descriptions of the treatment of surgical diseases and operations, as well as what we have noticed in his practice and theory, prove conclusively that he must have studied anatomy, and something more than comparative anatomy. He showed the necessity of dissections of the human anatomy, and brought to his aid dissections of animals in proof of the nature of the human subject. In this way he opened the field on inductive principles for the profession, afterwards to enter and reap the fruits of the knowledge from that source.

Prof. Paine says in his *Rights of Authors*, when speaking on the laws of reflex action of the nervous system in pathology and therapeutics, that Hippocrates in justice demands of us the acknowledgement of some contributions analogous to those of the present day.

A few notices from his surgery will give a faint view of his system :

Sec. 1. "It is the business of the physician to know, in the first place, things similar and things dissimilar; those connected with things most important, most easily known and in anywise known; which are to be seen, touched and heard; which are to be perceived in the sight, and the touch, and the hearing, and the nose, and the

tongue, and the understanding; which are to be known by all the means we know other things."

Sec. 2. "The things relating to surgery, are: the patient, the operator, the assistants, the instruments, the light, where and how, how many things and how, where the body and the instruments, the time, manner, the place."

Sec. 78. "*Articulations*.—The prime object of the physician in the whole art of medicine should be to cure that which is diseased, and if this can be accomplished in various ways, the least troublesome should be selected; for this is more becoming a good man and one skilled in the art, who does not covet popular coin of base alloy."

His method and time of applying bandages, splints and compresses finds favor with such men as Malgaigne. He minutely describes the four dislocations of the hip joint. The club foot for which he lays down a treatment, if better observed at the present day, would save the operation of tenotomy. He took the ground that in such cases there was not a dislocation of the joints.

"In connection with his description of dislocations at the hip joint, in the fourth form of dislocations, (says his translator,) Sir Astley Cooper, Mr. Liston, Sir Charles Bell, Mr. Samuel Cooper, and in a word, all our best authorities of late years, maintained that the head of the bone in this form is lodged in the ischiatic notch; but Mr. Richard Quain has lately determined by actual dissection, that the bone is lodged where it is described to be by Hippocrates, namely behind the acetabulum in the nates." And still further: "The methods of reduction, too, which our author describes, are all based on the most correct principles, and some of them might perhaps be held preferable to those now in use."

Chemistry was then little understood, at least only a few principles were known that could be applied to medicine. The attention of the profession was directed in that way by Hippocrates when he tries to account for lithic disease and others, in consequence of different kinds of water which were used as a beverage.

We find a few hints in the writings of Hippocrates to show what his psychological opinions were. He opposes the opinion that the seat of the mind and passions were in the heart, and the opinion that the diaphragm has anything to do with feeling and sensibility, as its name imports; but he says: "Wherefore I say, that it is the brain which interprets the understanding." (The sacred disease.) However confused or wrong his notions were, still his approximation to the generally received opinions among the learned of the present day



are such as to give him a place among the first of the order of philosophers who argued on this subject upon rational and inductive principles.

We find Lord Bacon frequently quoting from Hippocrates as authority in medicine, and there can be no question that he was a faithful reader of his works. As we have before seen (*Organon* Sec. 73), he ridicules the philosophy of the Greeks, when he says (p. 8), "scarcely one single experiment have they left us, that has a tendency to elevate or assist mankind." He adds in his tract in praise of knowledge (*Vol. 1, p. 79*), that the philosophy of the "Grecians hath the foundations in words, in ostentation, in confutation, in sects, in schools, in disputations. The Grecians were, as one of themselves saith, "you Grecians ever are children." He does not except medicine here, but impliedly he does through all his works, as we may see in his *Organon* Sec. 79, 80 and 81, where he says that natural philosophy ought to have taken the lead in scientific investigation and importance. He says: "Thus has this great mother of the sciences been degraded most unworthily to the situation of an handmaid, and made to wait upon medicine or mathematical operations, and to wash the immature minds of youth and imbue them with a first dye, that they may afterwards be more ready to receive and retain another."

We never find him referring to any other works on medicine than those of Hippocrates, except those of Celsus who was an admirer and follower of Hippocrates, except the alchymists, whose philosophy, he says, "hath the foundation in imposture, in auricular traditions and obscurity." In his work "*Natural History*," *Vol. 2, p. 57, sec. 384*, he says: "Many diseases, both epidemical and others, break forth at particular times, and the cause is falsely imputed to the constitution of the air at that time when they break forth or reign, whereas it proceedeth, indeed, from a precedent sequence and series of the year, and therefore Hippocrates in his prognostics doth make good observations of the diseases that ensue upon the nature of the precedent four seasons of the year." Then again in the same work *Sec. 55, p. 16*, he says in relation to dress: "But chiefly Hippocrates' rule is to be followed, who adviseth quite contrary to that which is in use, namely that the linen or garment in winter next the flesh be in winter dry and often changed," &c. In his preface to "*The Maxims of Law*," among many other reasons why he wrote in aphorisms, he says: "For we see that all the ancient wisdom and science was wont to be delivered in that form, as may be seen by the parables of Solomon, and by the aphorisms of Hippocrates, and the moral verses of Theogenes

and Phocylides; but chiefly the precedent of the civil law which hath taken the same course with their rules, did confirm me in my opinion." In other words, the precedent of the civil (which was subsequent to the days of Solomon and Hippocrates) aided him in his judgment in this matter.

We find him, in order, giving Hippocrates the second place to the inspired and wisest of men. There can be little doubt that Hippocrates' work on *Airs, Waters and Places* and his work on *Epidemics* was the germ of Lord Bacon's work on the *Natural History of Winds*. In his work on the *Advancement of Learning*, p. 172, vol. 1, he does not hesitate to place Hippocrates among the names of Aristotle, Plato, Democrates, Euclides, Archimedes as a philosopher and a man of science. The highest compliment in all his works which we find is paid to the memory of Hippocrates. In his work, entitled "*History of Life and Death*," sec. 19, p. 484, vol. 3, he says: "Hippocrates Cous, the famous physician, lived one hundred and four years, and approved and accredited his own art by so long a life; a man that coupled learning and wisdom together, very conversant in experience and observation; one that haunted not after words or methods, but served the *very nerves of science and so propounded them*."

We think sufficient reason has been given to believe that "Lord Verulam" himself is indebted to Hippocrates for his first impressions on inductive science, and drew from him his whole course of demonstration in learning and the sciences. And it is no wonder that we find him saying sec. 117: "And as we *pretend not to found a sect*, so do we neither offer nor promise particular effects, which may occasion some to object to us, that since we often speak of effects and consider every thing in its relation to that end, we ought also to give some earnest of producing them." He says in sec. 116: "Our determination is that trying whether we can lay a firmer foundation and extend to a greater distance the boundaries of human power and dignity." We cannot doubt that Lord Bacon believed, that it was not for him to found a new sect in inductive and experimental philosophy. This species of philosophy we find running through all the works of Hippocrates, which we consider to be the germ of all inductive science—such as cannot be found in any works anterior to his time, and none so fully since his time, till the works of Lord Bacon made their appearance.

As Lord Bacon treated the philosophy of Aristotle, so we find Hippocrates treating the philosophy of Pythagoras and others of his time. Lord Bacon says (*Organon* sec. 96), that natural philosophy



was rendered "impure and corrupted by logic in the school of Aristotle, by natural theology in that of Plato, by mathematics in the second school of Plato."

We cannot close this examination of the claims of Hippocrates to the first place in the history of the world as a man of true science, without the addition we must claim for him—the character of a truly virtuous man. This we have already hinted at in the frequent notices of the duty of a physician, to do good and not to do harm. In his oath to which his pupils had to subscribe, we find an exponent of his religious and moral character, making all due allowance for his living in the times and in the midst of pagan Greece. In his oath his pupils were sworn to treat their teachers with a respect equal to parental regard; to give their offspring gratuitous instruction in the art and treat them as brothers; fidelity in their cure and treatment of their patients; never to aid in producing abortion; to keep themselves free from the guilt of any corrupt and immoral act and from the seduction of females; to keep all those secrets which properly belong to the profession; and he is sworn to say, that "With purity and with holiness I will pass my life and practice my art." When we consider the corruption of the age in connection with the opinions inculcated by Aristotle in his *Politics* b. 7, chap. 16, where he recommends, in case when parents have more children than they can care for, that abortion should be practiced in the incipient state of pregnancy—we may boast of him as well worthy to be called the Father of Medicine. His treatment of diseases was that of great caution, being of an expectant character, which brought upon him the contemptuous remark of Asclepiades, which he denominated "the contemplation of death." In surgery his treatment was somewhat different. In injuries of the brain he never waited for the appearance of dangerous symptoms, but used the trephine (*modiolus*) immediately after an injury of the head, evidently as a prevention of danger by delay.

It was a remark made by an old historian of the eighth century (*Paterculus*), that "great men of every class in arts, sciences, policy and war are generally contemporaries." So we may say as to Greece, when in the height of its glory for literature, philosophy, science and the arts. Pericles was her statesman, Herodotus, Thucydides and Xenophon her historians, Socrates and Plato her philosophers, Aristophanes, Euripides and Pindar her poets, Phidias her artist. At the same time that these ancient worthies were engaged in interesting the world with their ingenuity, wisdom and wit, Hippocrates is seen breaking away from the mystical philosophy and vain hypothesis and

superstition, which had given character and destiny to his art. At the same time he brought before the world in his works and by instruction at the school of Cos, a new course to be pursued for thought and action in medicine, and formed a basis and commenced the superstructure for medicine on principles, then first known to the world in science, that of experimental philosophy. Mathematics was alone his contemporary and companion in philosophizing from known facts and principles based on axioms and postulates, founded in reason and practical observation—generalizing facts in so clear and comprehensive a manner, as to be able for all practical purposes to arrive at conclusions in the absence of a minute and elementary knowledge of things with wonderful accuracy. All that the future has done, has been to develop more fully and carry out with greater perfection the great fundamental doctrines he has left us. Thus we see twenty-two centuries ago, when Hippocrates separated philosophy and superstition from medicine and made all hypothesis subservient to facts known only by experience and observation, thus laying down a system for experimental philosophy, and being the first attempt of the kind known in the history of the world aside from mathematics. Furthermore, as we must see in his example for a true course of reasoning to be pursued in medicine, we have a basis for true reasoning given for every other science, being a system of induction from facts known, the germ of all true scientific knowledge. We feel that Hippocrates ought to have the first place among philosophers and to be regarded as the Father of all true Philosophy. Lord Bacon wrote more extensively, but his philosophy is the same in kind and method with that of Hippocrates. The time will come, if it has not already, when the merits of Hippocrates will make him not only a rival with Lord Bacon, but his master and instructor.

“Them long the tyrant power  
Of superstition swayed, uplifting proud  
Her head to heaven, and with horrific limbs  
Brooding o’er earth, till the man of Greece  
Auspicious rose, who first the combat dared  
And broke in twain the monster’s iron rod.  
No thunder him, no fell revenge pursued  
Of heaven incensed or deities in arms;  
Urged rather hence, with more determined soul,  
To burst through nature’s portals, from the crowd  
With jealous caution closed, the flaming walls  
Of heaven to scale, and dart his dauntless eye  
Till the vast whole beneath him stood displayed.  
Hence taught he us, triumphant, what might spring  
And what forbear; what powers inherent work,  
And where their bounds issues. And hence, we,  
Triumphant too, o’er *superstition* rise,  
Contemn her terrors and unfold the heaven’s truth.



“O glory of the Greeks! who first didst chase  
The mind's dread darkness with celestial day,  
The worth illustrating of human life—  
Thee glad I follow, with firm foot resolved  
To tread the path imprinted by thy steps;  
Not urged by competition, but alone  
Studious thy toils to copy.”

(*Good's Lucretius.*)

---

## ARTICLE II.

---

### *Autopsy of Elias Hunt, with Remarks.*

[EDITORIAL CORRESPONDENCE.]

---

The October number of the *Peninsular Journal* contained some remarks on the case of Mr. Elias Hunt, then an inmate of St. Mary's Hospital, where he died from the conjoined effect of pulmonary tuberculosis and a valvular disease of the heart, inducing venosity of the blood. On the decease of Mr. H., a few weeks after the publication of that article, the thoracic viscera were removed and sent to the University for examination, where most of the members of the Clinical Class then were, who had during the life-time of the patient made a careful examination of his case. The result of the autopsic examination will be found in the note of Prof. Palmer inserted below.

University of Michigan, Nov. 30th, 1857.

The heart was first examined. It was a little larger than natural for a man of Hunt's size; must have been moderately hypertrophied. This was general, but rather more perceptible in the walls of the auricles. The pericardium was adherent to the walls of one of the auricles. The endocardium was generally healthy. The columnæ carnæ, muscoli pectinati and apertures of the organ, with the exceptions to be mentioned, were fully developed and normal.

The aortic valves were in an abnormal condition. Their free margins were not excessively, but decidedly thickened. There were plastic, fibrinous deposits in their structure, with no ossific, or scarcely what could be called cartilaginous appearance—not sufficient to completely prevent their closure, but yet enough to so agitate the blood passing through the orifice and over them, as to give the bellows murmur, so distinctly heard during life. Regarding the mere post-mortem appearances of these valves, I should not have judged that

their condition very essentially interfered with the necessary function of the heart, though they fully accounted for the bellows or blowing sounds. The valves of one of the other apertures were thought to be very slightly, but not materially thickened. There had been at some time both endocarditis and pericarditis, but there was not evidence of these cardiac inflammations having occurred to a very great extent.

The lungs were next inspected. There was rather more than the usual amount of the dark discoloration of their surfaces. Over a very large portion—nearly the whole extent of both lungs—there were evidences of old and very firm pleuritic adhesions—so much so, that in several places the lung substance was quite extensively lacerated in removing them from the chest. In the upper part of each lung there were several (from three to five) old cavities, from the size of a filbert to that of an almond. There were also in each, more recent tubercular formations—more on the right side than the left, and were in a state of softening and suppuration. Few or none of them had as yet found an opening into the bronchial tubes. These tubercles were generally distinct and for the most part about the size of a small filbert; some not larger than good sized peas. These tubercles were not numerous in either lung and occupied a space of but few cubic inches at the very apex of the lungs. The great mass of the lung substance on both sides was in an apparently normal condition.

Several enlarged and congested lymphatic glands were found attached to the upper part of the specimen, about the trachea. I have never witnessed so small an amount of tuberculous disease in one dying from simple phthisis pulmonalis. Neither was the heart disease at all sufficient to account for death, taken by itself. What was the special cause of death? The pleuritic adhesions doubtless restrained the action of the lungs, but could not have prevented respiration, so far as to have materially obstructed the aeration of the blood. The patient was a man of rather feeble vital energy, and seemed to have no desire to live. Had that condition of his mind anything to do with the result? What was the particular condition of the liver and other vital organs and functions? Perhaps in the condition of his mind, his residence in the house without the ability to take much exercise, and in the original feebleness of his vital force, the conditions of his lungs and heart were sufficient to account for his death. We would be glad of a more particular statement of the symptoms during the last two or three months of life, and your opinion of the cause of death.



I might mention that there was a moderate sized heart clot, but it presented nothing remarkable, having doubtless formed in articulo mortis.

Very truly yours,

A. B. PALMER.

The autopsy in the foregoing case, although not limited to the lungs, was not conducted with the same care in reference to the abdominal viscera, as was bestowed upon those of the chest. The liver being that member of the digestive apparatus which suffers first in obstructive disease of the valves of the heart, was most particularly noticed. It was hypertrophied and had undergone that molecular change approximating fatty degeneration, so frequently seen in less complicated cardiac disease.

The interdependence of the liver and the lungs, both of which were embarrassed by the diseased condition of the heart, will throw some light upon the question propounded by Professor Palmer. In healthy digestion where more non-azotized food is taken into the system than can be got rid of by the respiratory process, it must either be converted into fat, accumulate in the blood or be separated by the liver. In the case before us the digestion of food was carried on very satisfactorily until within the last four or five months of his life. The increase of hydro-carbon from that source superadded to the venosity of the blood induced by the condition of the heart, produced an asphyxia that rendered the last month or two of existence extremely distressing. In such a state of the venous system effusions will take place, which in the present instance not only aggravated the suffering, but hastened his death.

Z. P.

---

### ARTICLE III.

---

#### *Synchysis Oculi, or Dissolution of the Vitreous Humor.*

---

A case of this interesting and at the same time rare form of disease of the vitreous humor of the eye presented itself to my observation a short time since, in the person of Capt. B.....t, an inmate of the U. S. Marine Hospital in this city. His history of the case is as follows:

"In the spring of 1834, I was commissioned by a company of ship builders to superintend the construction of a brig; the greater amount of time I, however, spent in hunting, and especially in shooting squir-

rels. I always considered myself a "dead shot," in fact never missed, till alas! one morning I took my rifle to pursue my usual pastime, and found I couldn't hit. Many times I tried, but, like the Irishman, "always hit where I missed before." The next morning I saw a squirrel on a barn near by, (at least I thought I did,) but not having my gun with me, I thought I would take a "dart of my eye at him." So covering my left eye, I took aim with my right, when I could see neither barn nor squirrel."

This, he assures me, was the first he knew of his eye being affected in the least. He then consulted several oculists and distinguished physicians in the cities of New York, Boston, Cleveland and Chicago, and was told by them that a cataract was forming, which, by subjecting himself to an operation, could be removed; yet such was the sympathy between the two eyes, that the second might become implicated also and both be destroyed. He was advised therefore to let it alone, which he has done. He says, he has never been totally blind in the affected eye, being able to distinguish the outlines of objects that are brought within an arm's length and to the right of the axis of vision. He now thinks he can see a little direct before him, since he has been under treatment in the Hospital for the disease which took him there. (He was admitted the 10th of December, 1857.) He states that previous to his learning the condition of his eye, he had never known the least weakness in either organ, and since that time nothing unusual had occurred to it externally.

Up to the time he first became sensible of the state of his eye, he had always been healthy, not having had any venereal disease, nor had he ever taken any mercury that he was aware of; and in after years, when both under the venereal and mercurial influence, he noticed no appreciable difference in the condition of either eye. He never has received any blow (except of air) on the eye, and can suggest no cause for its blindness. The eye preserves its usual outline, and if any difference is firmer than the other. By a closer examination of the iris there is seen an oscillatory movement, instead of a regular contraction and relaxation. The color of the humor is of a dark brown. Flocculi can sometimes be seen in the movement of the humor, which is evidently the remnants of the capsule of the lens.

The left eye presents that curious variety of synchysis known as "sparkling," in which upon a sudden motion of the eye looking upwards, he describes a shower of bright shining particles, starting from the bottom of his eye and spreading over the surface. The trembling motion of the iris is distinctly seen, also the internal sparkling, as de-



scribed by Mr. Wilde of Dublin. In this eye the sight is not yet much impeded. He says, it is not so strong as it was.

The causes of this disease are as yet unknown in fact. Beer, is of the opinion that it is "owing to an abuse of mercurial medicines, especially calomel." In Mr. B.'s case, he had never taken calomel to his knowledge. Mr. Lawrence says: "It may be the result of chronic internal ophthalmia, or a gradual change in the consistence of the vitreous humor, unconnected with inflammation." The latter is most probably the cause in Mr. B.'s case. From his report we learn that distinguished oculists and physicians pronounced it a case of cataract. Mr. Lawrence says, as also Mr. McKenzie, "that cataract is often added to the other affection;" but no evidence now exists of any cataract, except the flocculi above mentioned, that it has been dissolved by the fluid vitreous humor, is the most probable solution of its absence. Says Mr. Lawrence: "Such a state of the vitreous humor cannot be remedied, and if a *cataract* exists, its removal will not improve vision."

This latter assertion was exemplified in the case of Mr. G. D., a merchant of this city, for the facts of which I am indebted to Dr. Pitcher, who some years since had all the natural and physical signs of a cataract, and as he had lost his sight in that eye, by request of his attendant physician he submitted to its removal. This was done, but produced no benefit; it, however, demonstrated the existence of synchysis oculi. In Mr. D.'s case the eye was soft and boggy. Two years after the removal of the cataract, the eye began to protrude from the increase of the vitreous humor, until it was punctured to release the contents and relieve the patient of the pain and deformity.

Since writing the above cases, my attention has been called by Dr. Pitcher to a congenital form of this disease, in the person of Mrs. M. of this city. The external appearance of the eyes is large, and they rest in their orbits with a rocking or tremulous motion similar to the needle of the compass. The motion of the vitreous humor can be seen through the walls of the eye, but a very close inspection is required to see it through the pupil. The sight is myopic, requiring double concave glasses of long focus. The lady has been in the constant habit of using a single eye-glass, which according to Mr. McKenzie should not be used, spectacles being always preferable.

This case possesses a double interest: first, the congenital synchysis, and second, the congenital myopia, which latter rarely occurs, "except as a consequence of a central cataract." Neither Mr. Lawrence, Mr.

McKenzie or Mr. Jones make any mention of the former, and hence we presume it is scarcely ever seen.

We present these cases before our readers for their interest, and not because we have any theory to offer for their occurrence. We have examined several of our best authorities on the eye, and find they submit, that they know little of the producing causes.

The first case proves, that neither inflammation nor injuries are essential to its production. The second, that the removal of the cataract has no power to promote vision, and instead of doing good, may even possibly do harm; and the third, that synchysis may be congenital, the individual at the same time enjoying a limited amount of vision.

WM. BRODIE, M. D.,

235 Woodward Avenue.

#### ARTICLE IV.

*From our Chicago Correspondent.*

The effect of the continued pleasant weather has shown itself in a diminished amount of sickness, the mortality for January of this year being about fifteen per cent. less than last year. The following item I cut from the *Chicago Tribune*:

"CITY MORTALITY FOR JANUARY.—We have compiled the following mortality returns for January and other years, from the books of the City Sexton:

	1857.	1858.
South Division, - - - - -	65	39
West Division, - - - - -	38	46
North Division, - - - - -	35	32
Total, - - - - -	138	117

The causes of deaths in January 1858 were: Spine disease 2, still born 3, convulsions 3, croup 26, inflammation of the lungs 13, consumption 23, teething 6, ossification of the heart 2, typhoid fever 7, cancer 1, small-pox 1, bronchitis 1, accidents 4, rheumatism 1, typhus fever 2, strangulation of intestines 1, old age 1, water on brain 1, scrofula 1, child bed 1, ulcer 1, not stated 2, scarlet fever 4, delirium tremens 3, dropsy 2, exposure and want 1, suicide 1, puerperal fever 3. Total 117.



The nativities of those who died in January 1858, were:

United States,	- - - - -	66
Ireland,	- - - - -	28
Germany,	- - - - -	7
England,	- - - - -	3
Norway,	- - - - -	3
Canada,	- - - - -	1
Not stated,	- - - - -	9
Total,		117

The ages of those who died in January 1858, were:

One year and under,	- - - - -	19
Over one year and under five,	- - - - -	31
Over five years and under ten,	- - - - -	1
Over ten years and under twenty,	- - - - -	7
Over twenty years und under thirty,	- - - - -	15
Over thirty years and under forty,	- - - - -	18
Over forty years and under fifty,	- - - - -	11
Sixty years and over,	- - - - -	9
Not stated,	- - - - -	6
Total,		117

The past month has been an unusually healthy one, owing no doubt to the remarkably pleasant weather experienced."

It will be observed that the mortality among the Irish is very great, considering the fact that their number is, as I suppose, not much greater than that of the Germans.

The County Medical Society met this month at the house of the President, Dr. Davis, and partook of a supper. During the evening Dr. Bevan read a translation from a French author, advocating very large venesections, repeated many times, as the best treatment for rheumatism. Dr. Bevan detailed a few cases treated by himself on this plan, but the result, even according to his own report, showed no advantage over other methods.

The new city directory just published affords some curious statistics by comparison with former directories.

In 1849 this city had 49 regular physicians, 8 botanics and 6 homœopaths—total 63. Population 23,000. There was one practitioner to every 365 inhabitants, and the homœopaths constituted 13 per cent. of the number.

In 1854 there were 100 regular physicians, 7 homœopaths and 13 quacks of other kinds—total 120 practitioners, of whom the homœopaths constituted 6 per cent.

In 1855 the practitioners were one to every 635 inhabitants, and were distributed as follows: Regular physicians 106, homœopaths 8, botanics 4, miscellaneous 8—total 126. Of these the homœopaths constituted  $6\frac{1}{4}$  per cent.

In 1856 the homœopaths constituted about  $6\frac{1}{2}$  per cent. of all the practitioners.

In 1857 the practitioners were one to every 564 inhabitants, and were distributed as follows: Physicians 176, homœopaths 9, botanics 6, miscellaneous 4—total 195, of whom the homœopaths constituted a little less than 5 per cent.

These statistics show that since 1849 the homœopaths have relatively lost ground, falling from 13 down to 5 per cent. The figures are not strictly accurate, because the directories are always imperfect, and some names are by accident omitted. The numbers, therefore, of all parties are set down a little too small, but the homœopaths of this city have never been backward in getting their names into directories and other places of notoriety, so that it is probably fair to assume that the ratios derived from these figures are pretty correct.

The number of lawyers in the city is 339, clergymen about 90, physicians 176, quacks 19. It is worthy of observation that the number of men in each profession is inversely as the interests involved. We have 339 lawyers to protect our pockets, 176 physicians to look to our health, and 90 clergymen to care for our souls. X.

---

#### ARTICLE V.

---

RIDGE FARM, ILLINOIS, Feb. 2d, 1858.

*Editors Peninsular Journal:*

DEAR SIRS:—On the morning of the 22d of last month, I was summoned to attend Mrs. B., in her seventh accouchement, and was met at the door and informed by her husband that the child had been born dead, and that it was a miscarriage, his wife having been only seven months pregnant. I proceeded at once to examine into the state of affairs, and soon discovered that there was something *wrong* with the child. I removed it, wrapped it in a cloth and had it laid in an adjoining room for future examination. Upon examining the woman, I found considerable hæmorrhage, and no pains since the child was expelled. I prepared a strong decoction of Secal. Cornut.,



and administered of it *freely* every twenty minutes. Pains were soon produced and the Placenta expelled. The uterus contracted firmly, and the hæmorrhage ceased.

I then called Mr. B. with me to examine the child; but before unwrapping it, I asked him if his wife had been frightened at anything during her pregnancy. He said the only thing he remembered of was a worm she had seen in the intestine of a hog; but the first glance he got of the child caused him to remember that she had been badly scared at a large *frog* she saw in the garden last fall. The child's head and face were about a medium between a human and a frog. Its eyes, neck, breast, shoulders and arms to the elbows were exactly like those of a frog. The fore-arms and hands, and the lower part of the body, legs, &c., were natural. The back part of the head and neck had the appearance of having been bruised for some length of time, as there was some pus formed in the centre of the bruise. Mrs. B. had sustained no injury to produce this effect. Another point of interest in the case, was the excessive amount of Liquor Amnii. Mr. B. told me his wife was double the size that she had been in former pregnancies; and that there was at *least four gallons of water* escaped. I suppose it was the diseased child, acting as a foreign body, that produced this, by causing the Amnion to become inflamed.

Respectfully, &c.,

J. A. HUNT.

---

## EDITORIAL AND BOOK NOTICES.

---

A PARTING SALUTATION.—In the February number of the *Peninsular Journal* it was announced that, after the present issue, Dr. Brodie and myself would transfer our interest respectively to Professor Palmer and Dr. Christian, and withdraw thenceforth from any participation in its management. That time has now arrived, and I avail myself of the prerogative sanctioned by custom, and sanctified by recent example, of inflicting upon my readers a parting salutation. The relations which have subsisted for some years past between the readers of the *Peninsular Journal* and myself, have been to me a source of so much pleasure, that I cannot permit them to be dissolved without expressing some words of regret, although the con-

tinuance of them would have been maintained at a pecuniary sacrifice on my part, and the loss of time I could not well spare, from more pressing private pursuits.

Whilst the *Peninsular Journal* was yet in embryo, even before my honorable and cultivated friend, Dr. Edmund Andrews, now of Chicago, had sent out his prospectus, announcing his design of establishing such a means of intercommunication among the members of the medical profession in the State, my sympathies were enlisted in the enterprize, and I cheerfully contributed my mite to the promotion of its success.

On the retirement of Dr. Andrews from his position in the University and removal from the State, his connection with the *Journal* necessarily ceased. As his associate editor, Professor Palmer, was then also a resident of Chicago, there arose thence a necessity for some parties in Detroit to participate in its management; and I, yielding to the importunities of its friends, became one of its editors. Never having had, either at the time of its inception, or of its transfer to its present proprietors, or at the approaching period of its immersion behind a name of dubious import, any personal ends to accomplish, through its instrumentality, I do not repine at the prospect of being cut off by an act of my own, from the privilege of impressing my personal views upon others, of either the politics, the ethics or the science of our profession.

Confessing to the profession of those infirmities which prompt mankind to love their friends and hate their enemies, I shall regret the severance of the present ties, only because I may lose the place I now hold, in the memory of the patrons of the *Peninsular Journal*, many of whom I am happy to rank among my personal friends.

I shall continue to feel interested in the success of Medical Journalism in Michigan, and hope to manifest that interest by occasional contributions to the new Periodical, already announced by Messrs. Higby & Stearns, into which the *Peninsular Journal* and the *Medical Independent*, are hereafter to be compressed. My interest in the business success of the publishers, would of itself, prompt me to desire the prosperity of the successor to the *Peninsular Journal*, notwithstanding the hybridity of its character.

Aside from the gratification of so natural a wish, I hope, through the instrumentality of this new editorial amalgam, to show, as in natural science, how far it is true, that bodies oppositely electrified attract each other, and whether that affinity is made manifest at sensible or insensible distances.



I hope to see realized all that is promised, from the new consolidation, which are peace, unity and confraternity throughout the profession of the State, but am still fearful that the present may be one of those occasions in which hope and faith may not be found in juxtaposition, or become the fruit of the tree in the midst of the garden, which contains the knowledge both of good and evil. I bespeak for my colleague, Professor Palmer, the confidence and support of the profession in his new position, trusting that as has his past, so will his future, justify that confidence and command that support.

Upon my friends and former patrons I invoke temporal and spiritual benediction. Z. PITCHER.

DETROIT, March 8, 1858.

---

THE CLOSE OF THE PENINSULAR JOURNAL AND ESTABLISHMENT OF A NEW ONE.—In our last number it was announced that after the present March issue, Drs. Pitcher and Brodie would retire from the *Peninsular Journal*, leaving it in the hands of the remaining editors and proprietors, and through various channels it has been brought before the public that the *Peninsular Journal* and *Medical Independent* (the latter being already discontinued) were to be merged into one and issued on the first of April by Messrs. Higby & Stearns of this city, with the title of "*The Peninsular and Independent Medical Journal*," under the editorial charge of one from each of the corps of editors of the former journals, associating with them Mr. F. Stearns as pharmaceutical editor.

Such arrangement having been made and announced, it seems proper under the circumstances that the undersigned, who is to be one of the editors of the new journal, writing over his own signature and speaking for himself alone, should state the reasons which led to such a union, and the circumstances and conditions of its establishment.

To the past history of these journals it is unnecessary to refer; the opinions of the present writer have upon various points been hitherto expressed over his own initials, and they have in no respect changed. Leaving these things to the past, all will admit that the present wants of the profession of our State and region do not require the existence of two medical journals in this city. Besides the insufficiency of the field, judging from the past, it was just to infer that, while the two should exist, exciting differences would find expression and be increased; that personal attacks and rejoinders, producing painful feelings, destroying the harmony, and tending to a more wide spread division of the profession, would be kept up; and, without a greater

success than usually attends medical journalism under similar circumstances, the pecuniary embarrassment of all parties was inevitable. This fact has doubtless had much weight with all concerned, and in these "hard times" is not to be ignored. Besides these circumstances there have been frequent manifestations from the profession here and throughout the State, deploring the differences existing, and expressing a desire that they might cease. It may further be remarked that some of those connected with each journal were members of the Faculty of the State University, and this led to no little embarrassment among the students of the institution, and especially among those who might wish to subscribe for a journal coming from the region of their *alma mater*. Here seem to be reasons sufficient for a change, if such could be effected without the yielding of principles, though there might be some sacrifice of feeling.

Intimations having been indirectly received, which led to the opinion that the proprietors of the *Medical Independent* felt the force of these considerations, after consultation upon the subject, the idea of publishing a consolidated journal was suggested to Messrs. Higby & Stearns, and negotiations were commenced, the different steps of which are not material, but which have resulted as already stated.

The terms of this union and the principles upon which the new Journal is to be conducted, the subscribers of the *Peninsular* who will receive the "*Peninsular and Independent*" in its stead, are entitled to know. The following from the prospectus recently issued will in part convey this information :

"It is the design of those interested in this Journal to devote it to the advancement of Medicine as a Science and as a Profession. It will not be made the organ of any single Faction, Society or School, but represent the whole body of the Profession. Its pages will be open for all communications upon Medicine and the Accessory Sciences, and impartially for the fair, just and courteous discussion of all matters relating to Medical Ethics and Policy.

The publishers desire to state that, in addition to the labors of the gentlemen whose names appear as editors, they are likewise assured of the co-operation of the retiring editors and corps of collaborators of the former Journals, in continued contributions to Medical Literature through the pages of the new one.

It is designed, in the introduction of a new department devoted especially to Pharmacy, to render the Journal of additional interest to the physician in its monthly reviews of the progress made in that important branch of Medical Science, and of practical value to those more directly interested therein as Druggists and Pharmacutists."



The information as to the details of its management and the manner in which the future is guarded against the introduction of personalities and improper contentions into its pages, would not be complete without presenting the following from an agreement signed and sealed, between the editors and proprietors of the future Journal; and although it is believed there would be no disposition to act in any other spirit, were there no such contract, yet this contract may be considered as a guarantee in form to all concerned.

The document witnesses that the parties "mutually agree and covenant, that in the exercise of their functions as editors of the above named Journal, both in the production of their own pens and in the admission of contributions and selections into the Journal, they will guard with vigilance against the indulgence of any partizan feelings or practices; that they will make the Journal the organ of no clique or party in the profession; that they will guard against the revival of past controversies connected with the history of the *Peninsular Journal of Medicine* and the *Medical Independent*, or any of the persons or parties heretofore connected in any manner with those Journals. They also agree that all improper personalities shall be excluded from the Journal, and likewise all subjects specially tending to the production of personalities, or the engendering of feelings inconsistent with the proper peace and harmony of the profession; and that in every way due courtesy and forbearance shall be exercised towards all."

Provision is also made in the instrument, "that upon the arising of any question under these rules," such question shall be submitted to an impartial board of medical gentlemen named, or others appointed by them, and agreed upon by the parties, and that in all such cases the editors agree to abide by the decision of such board.

From these extracts it will be perceived that the course proposed is one which can give offence to none, and which will secure all (a primary object in view) from injustice and annoyance. The design has been and is to encourage peace and harmony, and promote the highest interests of the profession. Whether success shall attend these efforts, will of course depend upon the manner in which they are conducted, and upon the co-operation of the members of the profession. An effort in this direction seems demanded, and while appreciating the difficulties in the way, that effort, it is hoped, will be faithfully made.

This occasion cannot be permitted to pass without an expression of the regret which the undersigned feels in parting with his associates in the editorial charge of this Journal. When the Journal was

thrown entirely upon his hands by the removal of its originator (Dr. Andrews) from the State, he sought the support of these friends. With a self-sacrificing liberality, scarcely to have been expected, one of them assumed the position of Senior Editor, thus taking the largest share of responsibility, while the other gentlemen, besides performing much editorial labor, have managed the business part with energy and with all the success which it was possible to secure. Our relations have ever been harmonious and agreeable, and our friendship and mutual regard, we trust, has in no manner abated. Never certainly on the side of the undersigned has the attachment been stronger, and never was he more ready to defend either from wrong. Considering the many kindnesses he has received from their hands, he could not withhold the expression of these feelings without the possible suspicion of ingratitude, and this he hopes does not belong to his nature.

In conclusion, it is due to all concerned distinctly to say, that the new Journal will be under the control of no special party, and is committed to no line of controverted policy. While not pledged to the suppression of opinions on any question deemed advisable to canvass, it will be open to all for a courteous expression of sentiments on either side of any subject discussed.

With a fixed determination to carry out as fully as may be in his power the spirit of these professions, and hoping to retain such of the good will as from his long intercourse with the tried friends and patrons of the *Peninsular* he may have enjoyed, the undersigned bids them adieu as one of the editors of this Journal, and hopes to continue the same agreeable intercourse with them in the pages of the new one.

A. B. PALMER.

---

CLINICAL INSTRUCTION UPON A CORRECT BASIS.—An association has been formed in Brooklyn, N. Y., for the purpose of giving to advanced medical students "detailed clinical instruction in medicine and surgery in the wards of the Brooklyn City Hospital," part of the design of which is to combine the advantages of hospital residence with those of private office instruction. For this purpose there will be a regular series of lectures and examinations, to fill up the interval between the winter courses at the Colleges, which in winter will be so arranged as not to conflict with the courses of didactic and clinical instruction going on in the medical schools in New York.

Our friend Dr. Charles E. Isaacs is a member of this association, for us a sufficient guarantee that the plan will be faithfully carried into effect.



DR. BRAINARD'S CORRECTION.—In the October (1857) number of this journal we published an extract from a Chicago daily newspaper of the highest standing (the Tribune), containing a portion of testimony (that of Dr. Brainard) in a certain abortion trial at that place. The testimony then published was made the subject of some editorial remarks of our own. In reply to those remarks, Dr. Brainard, in the January (1858) number of the *Chicago Medical Journal*, makes the following statement:

*To the Editors of the Chicago Medical Journal:*

GENTLEMEN:—My attention has been called to an article published in the *Peninsular Medical Journal* some months since, making an attack upon my character, professionally and otherwise, on account of testimony alleged to have been given by me in a case before a court in this city, relating to the subject of criminal abortion.

So long as the publication was confined to the journal in question, it was unworthy of notice, the well known proclivity of some of its editors to libelous attacks upon members of the profession being sufficiently understood in the region where it circulates. The anonymous character of the original attack, its being in a political newspaper, written by a non-professional man, or a member of the profession who concealed his name, ought, in my judgment, to have prevented respectable journalists from copying or giving it currency without taking pains to ascertain its truth or falsity. Having learned that some editors of medical journals, of whom a different course might reasonably be expected, have copied the article in question, I beg you will be kind enough to say that the report of the testimony in the case referred to, in so far as I am concerned, is essentially false and garbled.

By so doing, you will oblige your obedient servant,

D. BRAINARD.

The charge upon some of the editors of this journal of a "proclivity to libelous attacks" is taken by itself too palpably without foundation, to require even a denial to our readers; but inasmuch as it is so worded as to imply that the design and intent of this article was of that character, it merits a passing notice, and we shall give our readers an opportunity of judging whether there was anything libelous in the article, by a statement of facts in the case.

This evidence upon which our reflections were made, whether *false and garbled*, as Dr. B. states, or correct and entire, appeared in a daily newspaper of the highest standing, possessing a large circulation and enjoying the confidence of the business and reading community where it circulates—appeared not at a distance from Dr. B.'s residence, or at a remote period after the evidence referred to was given,

where and when it might have been likely to have escaped his notice, but was published in his immediate place and immediately after the testimony was given, whilst the interest and feeling excited by the trial was at its height. This evidence then was exerting its influence on public opinion, and what that influence might be in one holding Dr. B.'s position, we have intimated before. Not only this, but it occurred just at that time when the subject of criminal abortions was being discussed very generally in the medical journals, which fact suggested to us the reviewing of this testimony. And yet notwithstanding all these circumstances, which would render it so improbable that it should have escaped his observation, if the paper had done him injustice, the publication meets with no denial or correction from Dr. B.—is permitted to go on bearing its influence, and no charge is made of its being false or garbled until three months after it has appeared in the *Peninsular Medical Journal* and has been copied into others. Why is this? Is the correction only for medical readers? Is it unimportant that the public generally should have correct opinions and correct information on this important subject?

Thus much then in answer to his statement that “the anonymous character of the original attack, its being in a political newspaper, written by a non-professional man, or a member of the profession who concealed his name, ought, in my judgment, to have prevented respectable journalists from copying or giving it currency without taking pains to ascertain its truth.”

But we have still a few words more of explanation—Dr. Brainard does not specify wherein the testimony is false and garbled. We wish he had been more explicit on this point. He says that it is essentially so, by which we understand that it is mainly so, throughout or else in important points. Now, we not only have the statement of the editors of the paper, that they supposed the report to be correct—and what inducement could lead a reporter of testimony in a court to intentionally misrepresent a witness' evidence? But we have also the statement of two legal gentlemen of ability who were present and gave close attention throughout, that the evidence, in what we consider the important point, was correctly reported.

In regard to the statements, “a patient who had advanced as far as the third month of pregnancy, would be no more endangered\* by the production of an abortion, than she would have been by allowing the full period to pass, and the child to come into the world in the

---

\* Erroneously printed *injured* in preceding article.



natural way. He stated that not one case in two hundred where abortion was produced at the third month of pregnancy, would prove fatal, but to make it safe, he would say one case in one hundred." Both these gentlemen agree as to their correctness, one of them, however, further stating that it was qualified by the words "under proper care," and explaining it by saying that the danger in question was danger to life, and not danger of injury short of fatal results. Both agree as to the correctness of the statement, "*that the risk is not over one in two hundred, or one in one hundred.*"

We have simply desired in this article to show our readers what foundation we had for our remarks, and are willing they should judge from these in regard to their libelous character. E. P. C.

---

HOG LATIN VS. PUMPKIN VINE LITERATURE.—Bombastes Furioso of *The Scalpel* is a most remarkable man—indeed, if we take him at his own estimate, no other such blazing star ever shone in medical or miscellaneous literature, or in surgical practice. Still he is in reality an exceedingly remarkable man for his ridiculous egotism, and if for anything else, for his universal malevolence. However, these latter manifestations, if we give him credit for honesty in his many pious professions, must be the bursting out of his inflated vanity.

Behold his remarks on "*what is quinine*," and his surprising case, over which he calls upon the profession generally, and especially his seniors, to chew the quid of reflection. Why man, has your medical experience been so meagre, or have you read to so little advantage as to suppose there is anything new or striking in that, and yet set up yourself as *editor of a medical journal*?

But here is something better yet—hog latin he calls it, and we suppose it is, for it is no one's but his own, and he quotes it only to show his familiarity with the classics, for there was no need of lugging in anything so foreign to the subject of his paper. But here it is, and the italics are ours: *Cujus mistura capeat cochlearea magna quacunq̃ue duobus hora.*

Mr. Editor, you would do well to attend the University of Michigan a while to improve your classics. They don't teach that style there, albeit we didn't get our medical diploma there, as the Editor intimates. We went where they were more easily obtained—down in York State.

There is a little book that might help you along under difficulties of this nature, viz: Pereira's Physician's Prescription Book. If that don't answer, you must avoid such long sentences. E. P. C.

REFLEX SECRETORY ACTION.—In the *New York Journal of Medicine*, under the head of *Report on the recent advances of the Medical Sciences in France*, prepared by E. BROWN-SEQUARD, M. D., &c., we find an article on "Ophthalmia by Reflex Action," in which Dr. B.-S., who must be regarded as high authority, says that, "Much has been said lately of reflex disturbances of nutrition and secretion, but there is not a great deal of novelty in what has been said, as may be seen by those who will read a little old book, which contains a great many facts of this kind; written by H. J. Rega, a Dutch Physician, and published in 1721."

Cases are referred to by Dr. B.-S., as related by Dr. Bussehaert, where inflammation of the eyes of a most persistent character was produced by irritation of the ear, caused by accumulation of thick cerumen, which, when removed, the ophthalmia ceased at once.

Other cases of disease, such as cephalalgia, and even epilepsy, are referred to as having been caused by accumulations of ear-wax, and cured by its removal.

We need not go to this old book of Rega, or the recent cases of Dr. Busschaert, to find facts of this kind. Every Dentist knows that a bad tooth will cause various symptoms in distant parts, which suddenly ceases by the extraction of the tooth, and every Farrier knows that what is sometimes called a "wolf-tooth" in a horse produces inflammation in the eyes of the animal, and that the extraction of the tooth will cure the inflammation of the eyes. Certainly facts of this nature are universally known and recognized.

"Concerning the *theory* of reflex secretions," Dr. Brown-Séguard says, "there has been, for some time, a somewhat strange discussion of priority between Dr. Campbell of Ga., and the late Dr. M. Hall. *Not either of them had any right of priority in this respect*, but still more, the questions concerning the reflex secretions, and the reflex changes in nutrition, had been carried much further than the point that these two able physicians thought they had been first to establish."

He refers those who would like to study this question, to the various works of Henle, published in 1840 and 1841, to the treatises of physiology by Ludwig, by Donders, and by O. Funke, in the *Pathologische Physiologie* of Spiess, and to his own little work on Epilepsy recently published in Boston.

Dr. Brown-Séguard says the main question now to be examined is, "whether in these reflex phenomena of nutrition and secretion, the



centrifugal nerves act by producing a constriction of blood-vessels, or by a special electric or nervous influence."

So far as Dr. Campbell's theory of an impression being made upon a sensitive nerve and reflected back upon an organic nerve, modifying secretion and nutrition is concerned, the thing to be examined is, whether the impressions are carried through the sensitive and organic nerves, or only through the organic; whether the action is *reflex*, being conveyed through both sets of nerves, or *direct*, being carried along the organic nerves alone. The authors Dr. B.-S. refers to may throw some light upon this point; (we have not had an opportunity to consult them;) but Dr. Campbell does not, by any sufficiently specific observations, or conclusive reasoning, or by any *experiments* at all.

After the array of authorities presented by our colleague, Dr. Christian, and after the statement of the precise point of Dr. Campbell's pretended "discovery," contained in a recent number of this Journal, and now after this decided, and what may be regarded as in a high degree authoritative statement of Dr. Brown-Séquard, that neither of those contending for priority respecting this *theory* have any right to it; that even others, long ago, have gone much further in their speculations and conclusions than any of these contestants, we shall expect a total collapse of all these unfounded pretensions, especially to a *discovery* in this matter; if, indeed, such a collapse has not already fully come. We repeat what we said on a former occasion, that Dr. Campbell is entitled to much credit for bringing this subject, of sympathetic nervous action modifying circulation, secretion and nutrition, prominently forward in these days of chemical physiology, pathology and therapeutics, though he cannot justly claim the laurels of a discoverer.

A. B. P.

---

PROFESSIONAL VERACITY.—"The charge that we have threatened to break down the Clinical School—come from whatever source it may—is simply *false*. We have regretted the inadequateness of the clinical course, and have earnestly urged its extension and amplification; but we have never, either publicly or privately, said anything that could be construed into such a threat. If we had, a charge of infidelity would not have been based upon a *non-residence*. As to having published an apocryphal history of the acts of the Clinical Instructor, we have never published any history whatever of his acts. We appeal to the record."—*Med. Independent*.

If the reader will turn to the 163d page, vol. 3, of the *Medical Independent*, he will find an article entitled "Clinical Instruction in

the University of Michigan." We will leave it to him to determine from its perusal, whether the statement of the Surgical Professor quoted above is true or false. His hostility to the Clinical School is so much a matter of notoriety hereabouts, that I shall take no pains to prove the assertion heretofore made on that subject, which I could do by placing on the stand persons officially related to himself, whose testimony would not be impeached. All this is known to be true in the private circles in which we both move and where both are pretty well known, and I trust correctly appreciated.


There is more excuse to be made for the juvenile Professor of Surgery in using with so much freedom an epithet that implies a want of veracity in others, than can be made available to but few of the masculine gender. Time which works such marvellous changes in the face of nature, will doubtless perform its acts of kindness to him by causing even *his* hair, not

"Like a lobster boil'd,  
From gray to red begin to turn,"


nor as now from red to black, but by bringing him such a measure of wisdom as comes with gray hairs, and exhibits itself in good manners and the use of a more appropriate and refined language in speaking of age or admitted seniority.

It must be hard for a youth who has sailed long under *false colors*, or has tortured his ringlets with crimping-pins, to resist the influence of external associations, so as not to be ready on all occasions to charge others with falsehood when he has simply been reading himself in the glass. Z. P.

---

 Since our last report, the health of our city continues *remarkably* good. The small pox excitement has died away, and measles and whooping cough are fast following. Notwithstanding the many and sudden changes of temperature, the typhoid diathesis still holds its sway; and although disease may be sthenic in its commencement, the former very generally terminates it. Tonsillitis has been somewhat prevalent, but readily amenable to treatment.

---

 We clip the following from the *New York Tribune*:

"Dr. George M. Bates, of Lahaina, S. I., intends to sail for Hako-dadi, in Japan, where he expects to establish himself as a physician and surgeon. Dr. Bates is a pupil of Dr. Z. Pitcher, of Detroit, and graduated at the College of Physicians and Surgeons of the New York State University."



TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR THE  
YEAR 1857. Chicago: CHAS. SCOTT & Co. *From the Committee  
of Publication.*


We have received a copy of the above, but have not time to examine it attentively. It is a pamphlet of 128 pages and in mechanical execution *excellent*. The sittings of the society occupied three days of two sessions each, and judging from the minutes, were industriously and profitably spent. The contents are made up of:

1. Minutes of the Seventh Annual Meeting,	- - -	18 pages.
2. Annual Address of the President,	- - -	9 "
3. Report of Committee on Practical Medicine,	- - -	28 "
4. Report of Committee on Druggs and Medicines,	- - -	10 "
5. Report on the Medical Properties of the Asclepias Tuberosa,	- - - - -	9 "
6. Report on Congestive Intermittents,	- - -	8 "
7. Report on the Changes which take place in the Blood in the Continued Forms of Fever,	- - -	14 "
8. <i>Stomatitis Materna</i> ,	- - -	19 "
9. Case of Severe Mechanical Lesion of the Knee Joint,	- - -	3 "
10. List of Members,	- - -	4 "


We truly envy our Illinois brethren their interesting and harmonious meeting and the eclat of their transactions. The majority of the members of the Michigan State Medical Society voted themselves too poor to publish their transactions in pamphlet form, although they could elect a man as President of the Society, who in its early struggles toward permanent growth contemptuously derided it, and spat upon its deliberations with sovereign disdain.

We wish the Illinois State Medical Society a long continuance of harmonious action and an annual exhibit of their deliberations.

W. B.

 We have received the first number of a new medical journal published in San Francisco, California, and called *The Pacific Medical and Surgical Journal*, edited and published by John B. Trask, M. D., and David Wooster, M. D. This is the second medical journal started in the golden land, and although its predecessor died from inanition, we can see no reason why it should not succeed. It is a monthly journal of forty-eight pages and well filled with interesting and instructive matter. Our best wishes attend it.


W. B.


 With this number of the *Peninsular* closes my editorial career for the present. In all my relations with its readers, (and they have been those that would engender ill feeling, if any,) I can say, with but a few solitary exceptions, have been of the most pleasant character. Though necessitated often to remind them of unpaid subscriptions in order to furnish them their intellectual pabulum, the response has always been hearty, and with due acknowledgement of neglect.


The books of the *Journal* yet show an indebtedness of over \$1,000, much of which we yet hope to receive. We are owing our printer, (who must be paid,) and therefore, even in our last public capacity of an editor, must needs remind and request of those who have not yet paid, that their remittances are anxiously awaited. In the February number of the *Peninsular* we sent a statement of the standing of all in arrears. Since that time we have received some \$80. We need the balance in order to the just settlement of our indebtedness, and trust that this, our last appeal, will be fully appreciated.


WM. BRODIE.


---

 *Cincinnati Lancet & Observer* will please send us the February number, as we have not received it. The article by Dr. Chas. Tripler, U. S. A., in the March number is worth the subscription for one year, let alone the other valuable matter. The March number is such an improvement over the January one, that we take back all we said about typography, and recommend it as a *model* journal.

 In the *Southern Journal of Medical and Physical Sciences* for December, and which has just come to hand, we learn that its publication is to be suspended, and that a new journal under the name of *The East Tennessee Medical Times* will take its place—our friend Richard O. Curry, M. D., at the helm. We wish it a better prosperity than has attended its predecessor. Please send us *individually* a specimen number.

 Will friend Bowling of the *Nashville Medical Journal* please send us the January and February numbers, as we have not received them?

 Will the *American Medical Monthly* please send us the February number for 1857, in order to complete the volume for binding, and oblige?


 Will the *N. O. Medical News and Hospital Gazette* send us number eight for 1857?

W. B.



SOUTH CAROLINA MEDICAL ASSOCIATION.—We have only time, before going to press, to return our thanks to some unknown friend for a copy of the excellent annual address of the President of this Association, Dr. R. W. Gibbes, which was delivered on the 3d February, 1858. The address is worthy of the author; that is praise sufficient for those who know him.

---

 The delay in the issue of the March number of the *Peninsular Journal* affords us time to barely notice the following

### DISSOLUTION.

On Thursday evening, March 4th, 1858, the Detroit Medical Society, organized in May 1853. It has existed four years and ten months. It had its day. *Requiescat in pace.* W. B.

---

### MISCELLANEOUS.

---

TWO CASES OF EXSECTION FOR CARIES. By C. E. ISAACS, M.D., Consulting Surgeon to King's County and Blackwell's Island Hospitals.

CASE 1.—*Caries of the lower third of the fibula—Exsection of that portion of the bone—recovery.*—M—, a girl eighteen years of age, of scrofulous constitution, an inmate of King's County Hospital, came under my notice on the 15th of August, 1857. She had suffered almost constant pain for several months, in the lower and outer part of the right leg. On examination, I found this much discolored and swollen, and presenting several pouting, fistulous orifices, from which was discharged a serous, curdy and offensive pus. On passing a probe into these sinuses, I could easily detect diseased bone at various points, corresponding to the course of the fibula. The pain in the part gradually ceased until the patient, at first reluctant, at length consented to an operation for the removal of the diseased bone. On the 22d of August, assisted by Dr. Turner, Resident Physician of the hospital, and Drs. Ghent and Farley (the patient having been placed under the influence of ether), I made an incision directly over, and parallel with, the longitudinal axis of the fibula, commencing just above the junction of the lower with the middle third of the bone, and completely down to its surface. The muscles and other soft parts were separated from around the bone, and this was then sawn through by a small straight saw, which was passed underneath it, and made to cut from below upwards. The bone was thus divided at the junction of the lower with the middle third of the fibula. The external malleolus was much enlarged from ossific masses and spiculæ, which projected from its outer surface. The interosseous ligaments, and

those connecting the malleolus to the astragalus and os calcis, were then divided, and the lower third of the fibula completely removed. By this procedure, the ankle joint was necessarily opened to a large extent, and the lateral, smooth, polished surface of the astragalus, which articulates with the external malleolus, was exposed. The portion of the fibula removed was entirely carious, with the exception of the articulating surface of the lower part of the fibula, and which is naturally opposed to that of the astragalus. This was in a normal condition. The hemorrhage was inconsiderable. The wound was filled with pledgets of very soft lint and a compress, and a few turns of a roller applied. A well padded splint was applied on the inside of the leg and foot, in order to prevent the strong tendency of the foot to turn inwards.

No unpleasant symptoms occurred after the operation. It is now more than five months since it was performed. The pain has entirely disappeared, and the patient can now walk almost as well as ever, and the motions of the ankle joint, both forward, backward, and laterally, are nearly perfect.

From the large opening necessarily made into the ankle joint, by the removal of the external malleolus, I expected that at least some ankylosis would certainly follow this operation. I was therefore much surprised and gratified that this result did not take place.

*CASE 2.—Case of Caries and Exsection of the three first metatarsal bones—Recovery.*—J. C., æt. nineteen years, of good constitution, a resident of Shark River, New Jersey, was brought to my office on the 28th of September, 1857, on account of an injury of his foot, which he had received one year previously. He informed me that at that time a horse had stepped upon his foot, in consequence of which it became severely inflamed, and that since that time he had had more or less pain in it almost constantly, and had been unable to walk, or indeed even to put his foot upon the ground.

Hed had kept the leg constantly flexed upon the thigh, and almost always nearly at an acute angle. As a consequence, the tendons had become contracted, and I could not succeed in straightening the limb by any reasonable amount of force. The anterior half of the foot was of a dark red color, much enlarged, with numerous fistulous openings over the metatarsal bones, and which, when examined with the probe, were all found to lead to carious bone.

The amount of disease in these parts seemed to be so considerable, that my first impression was in favor of amputation, by Lisfranc's operation, but after more minute examination, I concluded that it would be more judicious to endeavor to save the foot, by ex-secting only the bones which were actually diseased. Accordingly, the next day (29th), assisted by Drs. Cullen, Enos, and Drake, the patient having been placed under the influence of chloroform, I made an incision on the inner side of the foot, over and along nearly the whole length of the first metatarsal bone, completely down to its surface; another transverse incision was then made, commencing from the centre of the first, and extending about an inch through the integuments towards the outer side of the foot. The knife was now kept



close to the first metatarsal bone, so as to dissect the soft parts completely from around the greater portion of it.

This bone, which was found to be carious, was divided by Liston's forceps, and the posterior part separated by the scalpel from the first cuneiform bone, and removed. The remainder was then taken away, with the exception of about one inch of the anterior extremity, upon which the first phalanx of the great toe is articulated. This portion, being apparently healthy, was preserved. The second and third metatarsal bones, being also much diseased, were entirely removed by cutting through them with Liston's forceps, and then disarticulating their extremities from the second and third cuneiform bones, and from the first phalanges of the second and third toes. A number of irregularly formed masses of ossific matter, which had been thrown out in the vicinity of the diseased bones, was also taken away.

The hemorrhage, which was principally from the minuter vessels, amounted, perhaps, to ten or twelve ounces. Only the external plantar, and one or two small arteries, required the ligature. The wound, which was very deep, was filled with soft pledgets of lint, covered by a compress and a few turns of a roller.

Not the slightest unfavorable symptom occurred during the whole course of treatment. After the wound had commenced to suppurate I enjoined upon the patient the necessity of making frequent extension of the leg upon the thigh, and of keeping the limb, for a considerable time every day, as nearly as possible approaching the extended position, with the view of overcoming the contraction of the parts about the knee joint. The patient came to see me on this day (December 12th), about two and a half months from the time of operation, having walked nearly half a mile. I found the wound perfectly healed. A cicatrix, about an inch and a quarter in depth, occupies the former situation of the bones which have been removed. The patient states that he is free from pain, but that there is some swelling about the foot and ankle joint whenever he walks much, but that this is daily diminishing, and the power and motions of the limb are constantly improving. He can now extend the leg upon the thigh nearly to a straight position without any difficulty, the contracted state of the parts, about the knee-joints, having almost entirely disappeared.

P. S.—This day (January 27th, 1858) I received a letter from the patient, in which he says: "I am happy to inform you that my foot is getting along very well. The swelling has gone out of my leg, and I now walk around with a cane, and hope I will soon walk without any." He otherwise expresses himself as exceedingly well satisfied with the result of the operation.—*N. Y. Jour. of Med.*

---

#### A COUNTERBLAST FOR PUFFING.

My son, each rogue eschew  
Of the advertising pack.  
He's generally a Jew,  
Invariably a quack.

FACTS FOR THE PHYSIOLOGIST AND PSYCHOLOGIST.—A correspondent has forwarded to us a few interesting facts which had been observed in a very aged woman, who died on the 17th instand, at Carluke, in Scotland, aged 100 years and six months. There is no written evidence of the date of her birth; but the record of a baptism so far establishes this within a few days—for baptism, at that time, always followed close upon birth, in accordance with certain superstitious views. She was baptized, according to the parochial register of Carstairs, 15th of May, 1757 (old style, of course); and she used to relate that she was taken to the kirk for baptism when five days old. In this way the 20th of our calendar would be the date of birth. She married late in life—at thirty-seven; and had two sons, who still survive. Her sight was lost at ninety-five; and her hearing then and since was defective; but the mental faculties failed little. Her skin was soft and smooth as that of a child; her face was unwrinkled; and her cheeks ruddy at the hour of death. At ninety-four menstruation returned for a short time; and her breasts were as full as those of a woman in nursing-time—a condition which continued to the last. In illustration of the persistent character of sexual feeling or functions, our correspondent states that, many years ago, he attended a man, aged ninety-two, whose sole disease was unappeasable jealousy of his wife, an old frail woman.—*London Lancet*.

---

CHLOROFORM IN CONVULSION.—A case of convulsions recently came under my observation, which, from its severity, inefficiency of the usual treatment, and charming effect of the remedy last resorted to, renders it a case of some interest, and confirmatory of these already published in the Journal.

It was in the subject of a little girl aged nearly five years; her previous health having been good, with the exception of two transient convulsive attacks, some weeks before.

At this time the attack came on in church, at the close of morning service. She was removed to her home. On my arrival, I found the left half of the body uninterruptedly convulsed, with frequent general convulsion movements; respiration and deglutition so difficult that emetics were administered with the utmost difficulty, partial vomiting only ensuing. The warm bath was perseveringly employed for the third time; mustard applied to various parts of the body; stimulating and anti-spasmodic injections administered, and an active cathartic given, all to no purpose. Chloroform was then carefully administered by inhalation. The convulsive movements gradually ceased, and after a momentary pause, the patient waked up as from a sleep, with every thing set apparently to rights.

The convulsions had continued for a period of seven hours without an appreciable interval of consciousness or quietude. Some slight contractions occasionally took place in the left arm; they however gave way in a day or two, and health was restored.—*Medical and Surgical Journal*.



TRIBULATIONS OF DISCOVERERS.—Dr. Marshall Hall claimed priority in the discovery of the excito-secretory function of the spinal nerves, but gracefully yielded it to Dr. H. F. Campbell, of Augusta, Ga., on his demonstrating that he taught the same doctrine prior to its announcement by Dr. Hall. But no sooner had the chaplet been placed on Dr. Campbell's brow by so distinguished a hand, then up jumps Dr. J. Adams Allen, of somewhere in Michigan, and "puts in" for the honor of teaching the same doctrine before Dr. Campbell did. Still the question was not allowed to rest, for next, down comes Dr. Martyn Payne, of New York, with a claim to a priority over all and everybody! Well, here are "riders" enough to crush anybody but a Campbell. We know he has "pluck," and if there is any such thing as defending his claim, he will do "that same." We wish him a good time.

Another case of the same kind has more recently engaged the attention of a portion of the profession. It is "on this wise." Dr. Oliver W. Holmes, the eccentric "poet, anatomist and physician," of Boston, and Dr. Powhatan Jordan, on whose favored person the shadow of the President occasionally falls on "Pennsylvania Avenue," happened, simultaneously we believe, or nearly so, to discover—we will not say that—to *record* the discovery of "a foolish little muscle," (as Dr. Holmes very poetically calls it, since he finds that there is a rival claimant to the discovery,) being a continuation of a few fibres of the rectus abdominis across the sternum, up somewhere towards the calvaria. If our memory serves us rightly, the late Prof. Horner frequently pointed out these fibres in his lectures, but made no special note of them. How is *this* matter to be settled?

We long ago said that we hoped we never should discover anything, as nothing would be gained by it, for some one would be ready to claim it as a prior discovery.—*Medical & Surgical Reporter*.

---

The candor of Professor Syme, in making this correction through the *London Times*, is truly commendable and worthy of imitation, by all members of our profession, under like circumstances. There is true manliness in it.

AN EXCISION OF A MAN'S TONGUE—The following letter has been addressed, by Professor Syme, to the editor of the *Times*: "I regret to learn that an operation which I happened to perform in the Royal Infirmary of Edinburgh has got into the newspapers; but as it has unfortunately done so, the public should be correctly informed on the subject. Partial removal of the tongue, for the remedy of Cancer, having been found worse than useless, it was thought that extirpation of the whole organ might afford effectual relief; upon this principle I proceeded. The patient suffered no bad consequences directly from the operation; but at the end of a week, when the external wound was quite healed, died suddenly from an internal disease, which might have been excited by any other irritation in a person of his constitution and habits."

**SURGERY IN SAN FRANCISCO.**—Dr. E. S. Cooper of this city has recently ligated the primitive carotid artery in two cases—the external iliac in one, the axillary in one—removed a large fibro-cartilaginous tumor from the uterus, made the Cæsarian section in one, exsected parts of three ribs and removed a foreign body from beneath the heart, exsected the sternal extremity of the clavicle and a portion of the summit of the sternum, together with the exsection of nearly all the joints, in different cases, all successfully. This embraces a list of formidable operations, which, being attended with favorable results, are worthy of note. This uniform success in operations of such magnitude must in part be attributed to the effects of our climate, which for the recovery of patients after receiving serious injuries is at least unsurpassed in any part of the world.

There have been many other capital operations successfully performed in various parts of this State, which we are unable, for want of data from the operators, to specify. There is no country in the world where, in the absence of war, mutilation and deformities from injuries are so common and so serious, as in California; and it is not, therefore, remarkable that our surgeons have opportunities of practice which can be found only in the hospitals of other countries.—*Pacific Medical and Surgical Journal*.

---

**DEATH FROM CHLOROFORM.**—A painful feeling was lately occasioned in Toronto by the melancholy death of Mr. John McChesney. This gentleman called at the operating room of Dr. French, surgeon dentist, to have six teeth extracted, but appeared reluctant to submit to the operation unless under the influence of chloroform. Dr. Richardson was accordingly sent for to administer it, which he did, first, however, explaining to Mr. McChesney that he took the anæsthetic solely at his own risk. After a short inhalation, the gums were lanced, and, the chloroform having been again applied, the teeth were removed. But as soon as this was done, Mr. McChesney was seen to alter in appearance; his eyes became fixed, the jaws fell, respiration ceased, and the heart's action stopped. Every possible attempt was made to restore animation, but to no purpose—Mr. McChesney was dead. Fuller details respecting his death will be found in the evidence below, taken at the inquest held the same evening, 1st February.

Dr. Tobias French, in reply to the foreman of the jury, described the manner in which Dr. Richardson administered the chloroform, by placing it in a sponge and applying it to the nostrils of the patient. After a short time the patient began to laugh, asked him the cause, and he said he could not help it, seeing those fellows (meaning us) laughing at him. It was then thought he was sufficiently insensible to commence the operation of lancing the gums. He winced under the lancing; I asked him to lean forward and spit into the bowl, which he did. He did not speak, but groaned several times. I remarked to the Doctor, that he was getting on well. After a few inhalations the Doctor said it was better to draw the teeth, and my brother did so. He extracted six. The deceased seemed conscious



of pain, and struggled in the drawing of the last tooth, and appeared like a person not fully under the influence. I asked him to lean over the bowl which I held before him, and he spat into it. I then observed a change pass over his countenance, such as to startle me, and I remarked there was something wrong. Dr. Richardson opened the window and ordered me to tap the patient on the right side, so that he would not swallow any blood. I next remarked a great change, and exclaimed that he was gone. The deceased at this time looked cadaverous, and his jaw fell. We then took him and laid him on the floor, placed a pillow under his head and made an application of ammonia; also applied cold water to his head and had the body briskly rubbed. Dr. Richardson called for assistance, and Drs. Russell, Nicholl, Beaumont and Haswell were brought in. A galvanic battery was also put in operation, but all was of no avail.

Dr. Richardson was examined and deposed that every precaution was taken in the case of Mr. McChesney, and quoted instances of a similar nature which had taken place in England.

Dr. Haswell.—When I went to Dr. French's, I found the deceased lying on the floor. Respiration had then ceased. Dr. Richardson was using efforts to restore animation. I assisted, in conjunction with Drs. Beaumont and Nicholl, for about an hour.

At this stage of the proceedings it was intimated by the jury that abundant medical testimony had been adduced, and no further evidence was taken.

After a short deliberation, the jury found the following verdict: "That the deceased came to his death in Dr. French's operating room, while under the influence of chloroform, which he had voluntarily inhaled for the purpose of getting some teeth extracted; and that more than ordinary care was used in the administration of the chloroform."—*Medical Chronicle*.

---

EDITORIAL CHANGE.—Dr. Happoldt has retired from the editorial charge of the *Charleston Medical Journal and Review*, and Dr. J. Dickson Bruns has succeeded him. Although Dr. H. has not long served in the editorial harness, he has done himself the highest credit, and we regret to know that he abandons the ranks. The January number of the *Charleston Journal* comes out under the supervision of Dr. Bruns, and if we are to judge of his capacity accordingly, we think he will succeed.—*N. O. Med. News & Hospital Gazette*.

---

EXTRAORDINARY FECUNDITY.—It is stated in a number of the *Magazine of Natural History, &c.*, of Moscow, that the peasant Kiri-low was presented along with his wife to the empress. This peasant was married for the second time at the age of 70. His first wife was delivered 21 times: four times of 4 infants at a birth, seven times of 3 infants, and ten times of twins—in all 57 children, then alive. The second wife had already been delivered seven times: once of triplets, and six times of twins—in all 15 living children.—*Virg. Med. Jour.*

THE DUKE AND THE JESTER.—It was a custom in old times, in many sovereign courts, to have a jester or buffoon, who, by his witticisms and jests, and even by his impertinencies, served to amuse and while away the time of the sovereign and his courtiers.

It is said that the Duke of Ferrara, Alphonse d'Este, on one occasion, while in familiar conversation, inquired which of the trades was most numerous followed by his subjects. One said, the shoemakers; another, the tailors; some mentioned the laborers, and others the lawyers.

Gonelle, a famous buffoon, said that there were more doctors than any other class of men, and made a bet with his master the duke (who disputed the fact), that he would prove it in twenty-four hours.

The next morning Gonelle left his room with his night cap on and a handkerchief around his jaws. He placed over these his hat, and fastened his cloak closely about his throat. In this costume he wended his way to the palace of his excellency by the Rue des Anges.

The first person he met asked him what was the matter.

He replied: "A dreadful toothache."

"Ah, my friend," said the other, "I know the best remedy in the world against that evil." And he told him.

Gonelle wrote his name on his tablets, pretending to write down his recipe.

At the next step he met two or three at once who made the inquiry, and each one offered him a remedy. He wrote down their names also, and so pursuing his walk, he met with no person who did not give him a recipe different each from the other, and all declaring that theirs was well attested, certain and infallible. He wrote down every body's name.

Having arrived at last at the inner court of the palace, he was surrounded by many persons, all of whom knowing him, inquired after his malady and offered him their remedies, each one declaring his was the best. He thanked them and wrote down their names.

When he entered into the chamber of the duke, his excellency cried out: "A long way off! Eh, Gonelle, what ails you?"

He replied very piteously and feebly: "The most cruel toothache, that ever was in the world."


At once his excellency said to him: "Eh, Gonelle, I know a thing which will instantly stop your suffering, just as well as if you were to have it pulled out. Brassavolo, my physician, never practiced a better course. Do this and that, and you will be immediately relieved."


Suddenly Gonelle threw off his night cap and bandage and cried out: "You too, sire, are a doctor—just look how many I have met between my house and yours. There are more than two hundred, and I have only walked down one street. I'll bet I could find more than ten thousand, if I chose to look for them. Can you show me as many persons in any other occupation?"


This is a true story and well told, as every body meddles with physic, and there are few persons who do not think that they know as much, indeed more, than the doctors.—*Virginia Med. Jour.*





VACCINE MATTER IN PARIS.—At the last sitting of the Academy M. Depaul drew attention to the frequency of failure in the action of vaccine matter preserved in the manner recommended by the Academy. This method consists in collecting the matter upon small discs of glass, which are then superimposed one on the other, the circumference being soldered with melted lead. He strongly recommended the use of small tubes, carefully made and accurately sealed. His views were warmly supported by M. Trousseau, who called for an immediate alteration of the nature thus indicated, and raised the question of compulsory vaccination and re-vaccination.—*Lond. Lanc.*

 We wish to make a suggestion or two to our friends. *Study brevity*—some of our esteemed friends are slightly inclined to be prolix; this single objection will often delay the appearance of articles, otherwise of great merit, to enable us to make up a good variety. Be careful to write *proper names and technical words or phrases* with distinctness—it is not easy to express the trouble often afforded in this particular to compositors and proof readers. Take time to write your ideas in full and with care; don't leave your thoughts to be guessed at and trimmed up into English by the editor—he has enough other work.—*Cin. Lancet & Observer.*


 When Dr. Spurzheim had finished an examination of the Ettrick Shepherd's cranium, the latter summarily disposed of the "science": "My dear fellow, if a few knots and swells make a skull of genius, I've seen many a saft chiel get a swapping organization in five minutes at Selkirk tryst."—*Medical Chronicle.*

 At a late examination for the degree of M. B. of the University of London, a candidate who was known to profess and practice homœopathy, was rejected.—*Ibid.*

 The *Boston Transcript* says, the following by Oliver W. Holmes is the finest simile ever written: "The mind of a bigot is like the pupil of the eye; the more light you throw upon it, the more it contracts."

 In a note received from Prof. Paine of New York, we are informed that "his enlarged edition of the *Institutes of Medicine* is now ready for distribution." We bespeak for it a hearty reception and a studious reading.

We also learn from the same source that the Graduating Class of the Medical Department of the University of the City of New York numbers for the year 1857-58, 127.

 Transactions of the N. E. District Medical Society received, but too late for insertion.

W. B.

## O B I T U A R Y.

Died at Newark, Canada West, on February 2d, 1858, of acute tuberculosis, SAMUEL ROWSOM, a member of the Medical Department of the University of Michigan.

On receiving the intelligence of his death, his classmates assembled in the College and among others passed the following resolutions:

*Resolved*, That in the death of Mr. S. Rowsom this class has lost a studious and beloved member—a gentleman in the highest sense, and one eminently worthy of our confidence and esteem.

*Resolved*, That we tender to the family and relatives of the deceased our heart-felt sympathies in this. their domestic affliction and irreparable loss, and that we will cherish the name of our classmate in our memories and strive to imitate his virtues.

*Resolved*, That the lecture room be draped in mourning for the period of thirty days.

*Resolved*, That we will attend in a body, wearing the usual badge of mourning, at the Methodist Church, one week from the ensuing Sabbath, at the usual hour of service, on the occasion of the funeral sermon of the deceased.

Mr. Rowsom joined the Medical Class at the commencement of the session of 1856–57, had taken a course of practical chemistry in the laboratory, attended the course of clinical instruction in this city, was in attendance of his second course of lectures at the College, was a candidate for graduation, having prepared a thesis for each member of the Faculty and commenced the composition of his final thesis, when his disease, the earlier symptoms of which he had unconsciously concealed from those most intimate with him, and quite effectually from himself, arrested, in a most peremptory manner, his further progress, and he had only time to go to his friends and bid them a last adieu.

He was a young man of singular devotion to his pursuits, and of the strictest uprightness and purity of character.

As his vigor diminished, his efforts were redoubled, and he literally fell with his harness on—a martyr to his love of the science of his choice.

In his conduct as a student and a man there was nothing during the period of his pupilage at the University of which any of his teachers could disapprove. His memory will be cherished by those of the Faculty who knew him best, no less than by his fellow students.

A. B. P.













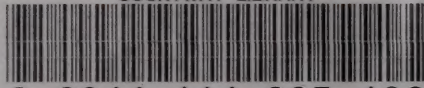


410

898



COUNTWAY LIBRARY



3 2044 114 995 186